

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

~~~~~

IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Summit, Ohio, et al.

v. Purdue Pharma L.P., et al.

Case No. 1:18-OP-45090 (N.D. Ohio)

~~~~~

Videotaped deposition of
GARY GUENTHER

October 16, 2018

9:03 a.m.

Taken at:

Brennan, Manna & Diamond

75 East Market Street

Akron, Ohio

Renee L. Pellegrino, RPR, CLR

1 APPEARANCES:

2 On behalf of Summit County and City of Akron:

3 Motley Rice

ANNE MCGINNESS KEARSE, ESQ.

4 KRISTEN M. HERMIZ, ESQ.

28 Bridgeside Boulevard

5 Mt. Pleasant, South Carolina 29464

(843) 216-9343

6 akearse@motleyrice.com

kristenmhermiz@motleyrice.com

7 On behalf of Walmart, Inc.:

8 Jones Day

EDWARD M. CARTER, ESQ.

9 BRANDY H. RANJAN, ESQ.

325 John H. McConnell Boulevard

10 Suite 600

Columbus, Ohio 43215-5017

11 (614) 469-3939

emcarter@jonesday.com

12 branjan@jonesday.com

13 On behalf of Mallinckrodt:

(Via Virtual Veritext Stream)

14 Ropes & Gray

FEIFEI (ANDREA) REN, ESQ.

15 1211 Avenue of the Americas

New York, New York 10036-8704

16 (212) 596-9000

andrea.ren@ropesgray.com

17 On behalf of Purdue Pharma L.P., Purdue Pharma,
18 Inc. and The Purdue Frederick Company:

Dechert LLP

19 DEBRA D. O'GORMAN, ESQ.

1095 Avenue of the Americas

20 New York, New York 10036-6797

(212) 698-3500

21 debra.ogorman@dechert.com

22 ~ ~ ~ ~ ~

1 APPEARANCES, CONT'D:

2
3 On behalf of Endo Pharmaceuticals, Inc., Endo
4 Health Solutions, Inc., Par Pharmaceuticals,
5 Inc. and Par Pharmaceutical Companies, Inc.:

6 (Via Telephone and Virtual Veritext Stream)
7 Arnold & Porter,
8 ERIC SHAPLAND, ESQ.
9 44th Floor
10 777 South Figueroa
11 Los Angeles, California 90017-5844
12 (213) 243-400000
13 eric.shapland@aporter.com

14 On behalf of Prescription Supply, Inc.:

15 Pelini, Campbell & Williams
16 GIANNA M. CALZOLA-HELMICK, ESQ.
17 Bretton Commons, Suite 400
18 8040 Cleveland Avenue NW
19 North Canton, Ohio 44720
20 (330) 305-6400
21 giannac@pelini-law.com

22 On behalf of McKesson Corporation:

23 (Via Telephone)
24 Covington & Burling LLP
25 PATRICK R. CAREY, ESQ.
One Front Street
San Francisco, California 94111-5356
(415) 591-6000
pcarey@cov.com

On behalf of Allergan Finance, LLC:

Kirkland Ellis LLP
(Via Telephone and Veritext Virtual Stream)
PAUL WEEKS, ESQ.
655 Fifteenth Street, N.W.
Washington, D.C. 20005-5793
(202) 879-5000
paul.weeks@kirkland.com

~ ~ ~ ~ ~

1 APPEARANCES, CONT'D

2 On behalf of HBC Service Company:
3 (Via Telephone and Veritext Virtual Stream)
4 Marcus & Shapira
5 JAMES F. ROSENBERG, ESQ.
6 One Oxford Centre, 35th Floor
7 301 Grant Street
8 Pittsburgh, Pennsylvania 15219-6401
9 (412) 471-3490
10 rosenberg@marcus-shapira.com
11

12 On behalf of Cardinal Health:
13 Williams & Connolly
14 BRADLEY MASTERS, ESQ.
15 725 Twelfth Street, N.W.
16 Washington, D.C. 20005
17 (202) 434-5421
18 wmasters@wc.com
19

20 On behalf of Johnson & Johnson and Janssen
21 Pharmaceuticals, Inc.:
22 Tucker Ellis LLP
23 ZACHARY ADAMS, ESQ.
24 950 Main Avenue
25 Suite 1100
Cleveland, Ohio 44113-7213
(216) 592-5000
zachary.adams@tuckerellis.com

~ ~ ~ ~ ~

1 APPEARANCES, CONT'D:

2

On behalf of AmerisourceBergen Drug Corporation:

3

Jackson Kelly

A.L. EMCH, ESQ.

4

1600 Laidley Tower

Charleston, West Virginia 25322

5

(304) 340-1172

aemch@jacksonkelly.com

6

- and -

Jackson Kelly

7

SANDRA K. ZERRUSEN, ESQ.

50 South Main Street

8

Suite 201

Akron, Ohio 44308

9

(330) 252-9060

skzerrusen@jacksonkelly.com

10

11 ALSO PRESENT: Jim Torok, Videographer

12

Nick Cummings

13

14

~ ~ ~ ~ ~

15

16

17

18

19

20

21

22

23

24

25

TRANSCRIPT INDEX

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

APPEARANCES	2
INDEX OF EXHIBITS	7
INDEX OF OBJECTIONS	9
EXAMINATION OF GARY GUENTHER:	
BY MR. CARTER	15
BY MS. O'GORMAN	261
BY MR. EMCH	283
BY MR. CARTER	333
BY MS. HERMIZ	342

INDEX OF EXHIBITS

Number	Description	Marked
Exhibit 1	County of Summit Department of Medical Examiner Organizational Chart Beginning Bates Number SUMMIT_000003815	118
Exhibit 2	E-Mail from Tracy Guenther to Gary Guenther dated April 19, 2016 Beginning Bates Number SUMMIT_000201548	169
Exhibit 3	The Columbus Dispatch Article Titled "Ohio Had More Than 4,000 Overdose Deaths in 2016"	186
Exhibit 4	E-Mail from Lisa Kohler to Gary Guenther dated September 14, 2017 Beginning Bates Number SUMMIT_000201288	202
Exhibit 5	E-Mail String with Attachments Beginning Bates Number SUMMIT_000202094	206
Exhibit 6	E-Mail String	229
Exhibit 7	E-Mail String Beginning Bates Stamp SUMMIT_000201499	233
Exhibit 8	E-Mail String Beginning Bates Number SUMMIT_000201174	236
Exhibit 9	E-Mail String Beginning Bates Number SUMMIT_000201177	241
Exhibit 10	E-Mail String Bates Numbered SUMMIT_000028708	244
Exhibit 11	Investigator Manual Table of Contents, Revised September 2009, Beginning Bates Number SUMMIT_001011269	248

INDEX OF EXHIBITS, CONT'D

Exhibit 12	Investigator Manual Table of Contents, Revised May 2016, Beginning Bates Number SUMMIT_001128715	250
Exhibit 13	E-Mail String Beginning Bates Number SUMMIT_000099406	254
Exhibit 14	Information Handbook Office of the Medical Examiner County of Summit Beginning Bates Number SUMMIT_000201655	258
Exhibit 15	Information Handbook County of Summit Medical Examiner Beginning Bates Number SUMMIT_000099204	260
Exhibit 16	Office of Medical Examiner Drug & Medication Listing Bates Numbered SUMMIT_000192655	289
Exhibit 17	County of Summit Office of the Medical Examiner Medication Listing Bates Numbered SUMMIT_001560061	289
Exhibit 18	Ohio Automated Rx Reporting System Listing Beginning Bates Number SUMMIT 000204634	295
Exhibit 19	Ohio Automated Rx Reporting System Listing Beginning Bates Number SUMMIT_000203007	295
Exhibit 20	E-Mail String Beginning Bates Number SUMMIT_000092858	333

INDEX OF OBJECTIONS

1		
2		
3	Objection	31
	Objection	35
4	Objection	36
	Objection	39
5	Objection	54
	Objection	62
6	Objection	63
	Objection	66
7	Objection	67
	Objection	68
8	Objection	69
	Objection	69
9	Objection	72
	Objection	76
10	Objection	78
	Objection	80
11	Objection	82
	Objection	86
12	Objection	89
	Objection	90
13	Objection	91
	Objection	93
14	Objection	94
	Objection	96
15	Objection	99
	Objection	101
16	Objection	102
	Objection	102
17	Objection	103
	Objection	103
18	Objection	104
	Objection	104
19	Objection	104
	Objection	105
20	Objection	107
	Objection	110
21	Objection	111
	Objection	112
22	Objection	113
	Objection	113
23	Objection	114
	Objection	114
24	Objection	115
	Objection	115
25	Objection	116

1	INDEX OF OBJECTIONS, CONT'D	
2		
3	Objection	116
	Objection	146
4	Objection	153
	Objection	160
5	Objection	161
	Objection	161
6	Objection	167
	Objection	168
7	Objection	172
	Objection	178
8	Objection	181
	Objection	183
9	Objection	184
	Objection	185
10	Objection	185
	Objection	186
11	Objection	188
	Objection	189
12	Objection	190
	Objection	193
13	Objection	194
	Objection	194
14	Objection	195
	Objection	198
15	Objection	200
	Objection	201
16	Objection	201
	Objection	201
17	Objection	203
	Objection	205
18	Objection	215
	Objection	217
19	Objection	224
	Objection	228
20	Objection	232
	Objection	239
21	Objection	240
	Objection	240
22	Objection	240
	Objection	240
23	Objection	243
	Objection	253
24	Objection	254
	Objection	264
25	Objection	264

1	INDEX OF OBJECTIONS, CONT'D	
2		
3	Objection	264
	Objection	265
4	Objection	265
	Objection	268
5	Objection	271
	Objection	272
6	Objection	274
	Objection	276
7	Objection	277
	Objection	277
8	Objection	280
	Objection	280
9	Objection	280
	Objection	281
10	Objection	286
	Objection	286
11	Objection	287
	Objection	288
12	Objection	288
	Objection	294
13	Objection	297
	Objection	299
14	Objection	300
	Objection	301
15	Objection	301
	Objection	304
16	Objection	304
	Objection	305
17	Objection	306
	Objection	306
18	Objection	311
	Objection	313
19	Objection	316
	Objection	317
20	Objection	318
	Objection	319
21	Objection	321
	Objection	321
22	Objection	322
	Objection	324
23	Objection	324
	Objection	327
24	Objection	327
	Objection	329
25	Objection	330

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX OF OBJECTIONS, CONT'D

Objection330

Objection338

Objection339

Objection340

1 THE VIDEOGRAPHER: On the record.
2 Today's date is October 16th, 2018. It is
3 approximately 9:03 a.m. We are here to take the
4 videotaped deposition of Mr. Gary Guenther in
5 the National Prescription Opiate Litigation, MDL
6 Number 2804, Case Number 17-md-2804, to be heard
7 in the United States District Court, Northern
8 District of Ohio, Eastern Division.

9 If counsel would please state their
10 name for the record.

11 MS. KEARSE: Anne Kearse, Summit
12 County and Akron, City of Akron.

13 MS. HERMIZ: Kristen Hermiz with
14 Motley Rice on behalf of the County of Summit
15 and the City of Akron.

16 MR. CARTER: Any Plaintiffs on the
17 phone?

18 Okay. Ed Carter with Jones Day for
19 Walmart.

20 MS. RANJAN: Brandy Ranjan with
21 Jones Day for Walmart.

22 MR. EMCH: Al Emch and Sandra
23 Zerrusen, Jackson Kelly, for AmerisourceBergen
24 Drug Corporation.

25 MS. O'GORMAN: Debra O'Gorman from

1 Dechert for the Purdue Defendants.

2 MS. CALZOLA-HELMICK: Gianna
3 Calzola-Helmick, Pelini Campbell & Williams, on
4 behalf of Prescription Supply, Inc.

5 MR. ADAMS: Zach Adams from Tucker
6 Ellis on behalf of J&J and Janssen
7 Pharmaceuticals.

8 MR. MASTERS: Brad Masters from
9 Williams & Connolly on behalf of Cardinal
10 Health.

11 MR. CARTER: That's everyone on the
12 room -- or, excuse me, everyone in the room.
13 Anyone on the phone appearing?

14 MR. SHAPLAND: Eric Shapland, Arnold
15 & Porter, on behalf of the Endo and Par entity
16 Defendants.

17 MR. ROSENBERG: James Rosenberg,
18 Marcus & Shapira, Pittsburgh, for HBC.

19 MR. CAREY: Patrick Carey, Covington
20 & Burling, for McKesson Corporation.

21 MR. WEEKS: Paul Weeks with Kirkland
22 & Ellis on behalf of Allergan Finance.

23 MR. CARTER: All right. I think
24 that's everyone.

25 GARY GUENTHER, of lawful age, called for

1 examination, as provided by the Federal Rules
2 of Civil Procedure, being by me first duly sworn,
3 as hereinafter certified, deposed and said as
4 follows:

5 EXAMINATION OF GARY GUENTHER

6 BY MR. CARTER:

7 Q. Good morning, sir.

8 A. Good morning.

9 Q. We met before the deposition. My
10 name is Ed Carter. I have some questions for
11 you today.

12 Will you state your name for the
13 record?

14 A. Gary Guenther.

15 Q. And what is your current employment.

16 A. I'm the chief investigator with the
17 Summit County Medical Examiner's Office.

18 Q. You've been with that office since
19 1988, correct?

20 A. Yes, sir.

21 Q. Would you provide your residential
22 address, please?

23 A. 801 Meadow View Drive, Canal Fulton,
24 Ohio.

25 Q. And that's here in Summit County?

1 A. Stark County.

2 Q. Stark County.

3 Have you had your deposition taken
4 before?

5 A. No.

6 Q. Let's go over a couple ground rules
7 that will hopefully make today more comfortable
8 for you.

9 As you can see, we have a court
10 reporter. She types down the official record,
11 and so she can only take down the words that we
12 say. Gestures and uh-huhs and unh-unhs, those
13 kind of things, are harder for her, so let's try
14 to speak and speak clearly if we can. All
15 right?

16 A. Yes, sir.

17 Q. She can also do her job more easily
18 if we only speak one at a time. So will you do
19 your best to let me finish my question?

20 A. Yes.

21 Q. And I'll do my best to let you
22 finish an answer. If I inadvertently speak over
23 you, please let me know that you're not done and
24 we'll try to avoid that. Okay?

25 A. Okay.

1 Q. It's not a marathon. I want you to
2 be comfortable during this process. If at any
3 point you need a break for any reason, will you
4 let me know?

5 A. Yes.

6 Q. You know, if it's in the middle of a
7 question, if you're comfortable, we'll try to
8 answer it, but, you know, if you want to take a
9 break every five minutes, it may not be
10 efficient, but if that's what you need to get
11 through, we'll do it. Okay?

12 A. Okay.

13 Q. And I'll try to pay attention, you
14 know, every hour or so and see if you need one
15 if you don't mention it yourself. Okay?

16 A. Okay.

17 Q. If at any point you don't understand
18 my question or want some kind of clarification,
19 will you ask me for that?

20 A. Yes.

21 Q. Are you taking any medication that
22 would prevent you from being able to testify
23 accurately today?

24 A. No.

25 Q. Anything -- any memory impairment

1 that you're aware of?

2 A. No.

3 Q. Okay.

4 (Thereupon, Nick Cummings entered
5 the conference room.)

6 MS. KEARSE: Nick Cummings from my
7 office, a paralegal in my office.

8 MR. CARTER: No problem.

9 Q. So what, if anything, did you do to
10 prepare for your deposition today?

11 A. I met with my attorneys.

12 Q. And I'm going to ask a couple of
13 follow-up questions about that, but I want to
14 caution you up front. I am not entitled to
15 learn any conversation you had with your
16 attorneys.

17 A. Okay.

18 Q. And I don't want to know. So when I
19 ask you follow-up questions, don't at any point
20 divulge the content of any discussion you had
21 with your attorneys for this case, okay?

22 A. Okay.

23 Q. And your attorney will counsel you
24 to that as well, I'm sure.

25 One other background point that I

1 should note. There may be times when I ask a
2 poor question, and counsel will provide an
3 objection. So it's another reason to kind of
4 pause after I finish my question in case your
5 attorney wants to put an objection on the
6 record, and once she's done that, unless she
7 instructs you not to answer, then you can go
8 ahead and answer the question. Okay?

9 A. Yes, sir.

10 Q. Other than meeting with your
11 attorneys, did you do any independent
12 preparation for this deposition?

13 A. No, sir.

14 Q. Did you speak with anyone other than
15 your attorneys in preparation for this
16 deposition?

17 A. No, sir.

18 Q. Are you aware that Dr. Kohler, the
19 Summit County medical examiner, has already been
20 deposed in this case?

21 A. Yes.

22 Q. Did you talk to Dr. Kohler about her
23 deposition?

24 A. No.

25 Q. Have you independently reviewed a

1 transcript of her deposition?

2 A. No.

3 Q. In terms of meeting with your
4 attorneys, how many times did you meet in
5 preparation for this deposition?

6 A. Two to three times.

7 Q. Do you recall when the first meeting
8 was preparing for the deposition?

9 A. Don't recall offhand. It had to be
10 a couple months ago.

11 Q. Do you recall how long it lasted?

12 A. The first meeting, probably hour and
13 a half.

14 Q. And was there anyone present other
15 than you and the attorneys?

16 A. No.

17 Q. When did the second meeting occur?

18 A. I can't recall the dates.

19 Q. Do you know whether it was in the
20 month of October?

21 A. We met once in October.

22 Q. And was that the third meeting?

23 A. Yes.

24 Q. Okay. So the second meeting was
25 sometime in between the two?

1 A. Yes.

2 Q. All right. Do you remember how long
3 the second meeting lasted?

4 A. About two and a half hours.

5 Q. And what about the October meeting?

6 A. I would say an hour and a half, two
7 hours.

8 Q. Do you remember when in October that
9 meeting was, the last one?

10 A. Had to be at the very beginning of
11 October.

12 Q. At the second or the third meeting,
13 was there anyone present other than you and
14 attorneys?

15 A. No.

16 Q. We've been doing okay so far, but
17 sometimes I'm going to ask a question and it's
18 obvious to you where I'm headed. Just try
19 really hard to let me finish.

20 A. Okay.

21 Q. All right. I've asked you about
22 meetings with attorneys to prepare for this
23 deposition. Did you meet with the attorneys any
24 other time unrelated to this specific
25 deposition?

1 A. No.

2 Q. Again, I don't want to know about
3 the content of any documents, but during the
4 course of your three meetings did you review
5 documents with the attorneys?

6 A. Yes.

7 Q. Did the documents that you reviewed
8 refresh your recollection on any of the topics
9 related to your performance of your job duties?

10 A. Yes.

11 Q. Okay. In terms of the topics where
12 your recollection was refreshed -- I don't want
13 to know about the documents, but on what topics
14 was your recollection refreshed?

15 A. The drug protocols for drug deaths.

16 Q. The protocols for investigating drug
17 deaths?

18 A. Yes.

19 Q. And what about the protocols was it
20 that you needed refreshed on?

21 A. Well, it's just to go over, review
22 what the protocols --

23 Q. Any other topic where you recall
24 refreshing your recollection about the --
25 relative to your job performance?

1 A. Most of it was just going over what
2 we, as the medical examiner's office, does.

3 Q. So it was just refreshing generally
4 your job responsibilities and policies?

5 A. Yes.

6 Q. Okay. In terms of the three
7 meetings that you recall sitting here today, did
8 you review documents at each of those three
9 meetings?

10 A. At least two of them.

11 Q. Okay. Have you attended any large
12 group meetings presented by plaintiffs'
13 attorneys relative to opioid litigation?

14 A. No.

15 Q. So you haven't attended any kind of
16 information session?

17 A. No.

18 Q. Have you seen Summit County's
19 complaint?

20 A. No.

21 Q. That's the document that kind of
22 forms the basis of this lawsuit.

23 A. No.

24 Q. All right. Have you seen any of the
25 written discovery responses that Summit County

1 has prepared?

2 A. No.

3 Q. To your knowledge, have you
4 participated in the preparation of any discovery
5 responses?

6 A. No.

7 Q. When was the first time that you
8 learned about the existence of this lawsuit?

9 A. Probably once it was filed, I
10 believe the -- I saw it in the paper, the county
11 executive -- there was an article in the paper.

12 Q. Was that the Akron Beacon Journal?

13 A. Yes.

14 Q. When you saw that article, did
15 you -- what was your reaction?

16 A. I had no, you know -- okay. I
17 didn't think much of it at the time.

18 Q. Okay. Did you follow up with anyone
19 at the medical examiner's office to discuss the
20 pendency of the lawsuit?

21 A. No.

22 Q. So it sounds like you didn't have
23 much of a reaction one way or the other?

24 A. No. No.

25 Q. Did you have an opinion about the

1 lawsuit?

2 A. No.

3 Q. Sitting here today, do you have an
4 opinion about the lawsuit?

5 A. No.

6 Q. I asked you earlier if you've ever
7 been deposed before. We covered that. Have you
8 ever testified in a court of law?

9 A. Yes.

10 Q. Tell me how many times you've done
11 that.

12 A. Probably four or five times.

13 Q. And what was the context of those
14 instances where you testified in a court?

15 A. One was an infant homicide case that
16 I was the investigator on.

17 Prior to starting at the Summit
18 County Medical Examiner's Office, back in 1987 I
19 was an undercover drug agent for MEDWAY, which
20 is a drug enforcement agency over in Wayne
21 County, and I testified in some drug cases and
22 also some -- as a result of those things, I
23 testified several times for child custody.

24 Q. Okay. So is it correct that the
25 only time you testified in connection with your

1 duties at the Summit County Medical Examiner's
2 office was in that child homicide case?

3 A. Correct.

4 Q. The other ones were during that
5 time -- so you worked for MEDWAY from
6 approximately '86 to '88?

7 A. '87.

8 Q. So the other opportunities for you
9 to testify were during that time period?

10 A. Yes, sir.

11 Q. Have you ever testified in any
12 administrative disciplinary hearings?

13 A. I mean, I've been included in, you
14 know, counseling employees at the office, but
15 it's just in-house.

16 Q. Sure. And what -- to make it a
17 little more clear, what I'm focused on now is
18 times when you were under oath.

19 A. No.

20 Q. Okay.

21 A. No.

22 Q. In the course of your employment and
23 with your various leadership positions at the
24 Summit County Medical Examiner, you're involved
25 in HR, correct?

1 A. A little bit. The county has their
2 own human resource department.

3 Q. But you have been involved in
4 performance reviews of subordinates?

5 A. Yes.

6 Q. And if someone in your department
7 needs constructive criticism, that's something
8 you provide?

9 A. Either myself or Dr. Kohler.

10 Q. And if they do a good job, you could
11 share that message as well?

12 A. Yes.

13 Q. Have you ever served as an expert
14 witness?

15 A. No.

16 Q. You indicated you learned about the
17 lawsuit when you saw a newspaper article about
18 it. At any point between that newspaper article
19 and today did you receive an instruction to
20 retain documents?

21 A. Yes.

22 Q. Do you recall when you received
23 that?

24 A. I can't recall the exact date.

25 Q. Do you know whether it was in this

1 year?

2 A. I would say beginning of the year,
3 late last year.

4 Q. And that reminds me. That's another
5 point in terms of the deposition, just so you're
6 comfortable with it. Some things you're going
7 to know with certainty. Other things you won't.
8 It doesn't help Plaintiffs, it doesn't help us
9 if you just guess.

10 A. Okay.

11 Q. So I don't want you to guess at any
12 point.

13 A. Okay.

14 Q. There will be times where we're
15 trying to estimate as best we can. If you're
16 estimating and my question isn't clear, will you
17 let me know that it's an estimate?

18 A. Okay.

19 Q. But if you think -- don't think you
20 have to guess in response to my questions, okay?

21 A. Okay.

22 Q. All right. When you received the
23 notification to retain materials, did you comply
24 with it?

25 A. Yes.

1 Q. And were you asked to separately go
2 out and collect documents?

3 A. The general notice was not to delete
4 or -- or, you know, get rid of any records.

5 Q. And so from the time -- is it
6 accurate, then, that from the time you received
7 that notice, that you did not delete any
8 relevant e-mails --

9 A. Yes, sir.

10 Q. -- or documents from the performance
11 of your duties?

12 A. Yes, sir.

13 Q. Do you maintain drafts of the
14 investigation worksheets? And this is -- we
15 were talking about retention. I want to make it
16 clear, the time period. I'm asking the broader
17 question first.

18 During your time at the department,
19 do you guys maintain drafts of the investigation
20 worksheets?

21 A. Yes.

22 Q. Okay. Has the process for
23 completing investigation worksheets changed
24 during your 30 years?

25 A. No.

1 Q. Will you explain for me how that
2 process works?

3 A. When an investigator takes the
4 initial call, they fill out what we call the
5 investigator worksheet. That is like our
6 working copy to go off of. Those are maintained
7 in the case file. Once the investigator has all
8 their pertinent information off that, they then
9 type up a final report of investigation.

10 Q. When the final report is typed up,
11 are the original notes retained or are they
12 destroyed?

13 A. The investigative worksheet is
14 maintained in the case file until -- yeah,
15 they're maintained in the -- as part of the
16 file.

17 Q. How long does the office retain case
18 files?

19 A. At some point they are purged and
20 placed on -- copied onto microfilm. A lot of
21 times it depends on how much storage we have in
22 our Jeter system where we keep our files.

23 Q. In terms of the specifics as far as
24 timing, when that happens, that's not something
25 you're familiar with, fair?

1 A. Fair.

2 Q. Okay. In terms of investigator
3 manuals, the informational handbooks that are
4 available to the public, and any training
5 materials within your function at the medical
6 examiner's office, do those materials, prior to
7 2000, do they exist?

8 MS. HERMIZ: Objection to form.

9 Q. Let me reask the question.
10 Are you aware of copies of the
11 investigator manual that predates 2000?

12 A. No.

13 Q. Are you aware of any copies of the
14 handbook that predate 2000?

15 A. The information handbook?

16 Q. Yes.

17 A. No.

18 Q. Are you aware of any kind of field
19 training aids for the investigators from prior
20 to 2000 that exist?

21 A. I mean, we have manuals on death
22 investigation, books on death investigations at
23 the office. Some of them are like training
24 guides. I'm not sure if they predated 2000.

25 Q. Let me ask it this way to make sure

1 I'm fair to you.

2 A. Okay.

3 Q. When was the first time you recall
4 using a formal Summit County medical examiner's
5 investigative handbook?

6 A. Handbook?

7 Q. Or, excuse me, manual. Because you
8 have the investigator's manual and the
9 information handbook, correct?

10 A. Correct.

11 Q. Currently? That's the terminology
12 for currently?

13 A. Yes.

14 Q. Okay. So focusing on the manual
15 side, when was the first time you recall there
16 being a formal manual?

17 A. I can't recall.

18 Q. Was there one when you started?

19 A. I don't believe so. I can't say for
20 sure. That was 30 years ago.

21 Q. That's fair.

22 Will you walk me through your
23 positions at the medical examiner's office from
24 1988 through to today?

25 A. In 1988, when I was hired in, I was

1 hired in as a photographer, and I did that for
2 several years. I can't give you exact dates --

3 Q. Okay.

4 A. -- when I changed positions. I did
5 that for several years. Then we got rid of that
6 position, that position was eliminated, and
7 the -- basically, the investigators did all the
8 photography. You know, each investigator had a
9 camera. They'd go to the scene. They took
10 their own photos.

11 Q. May I interrupt you for a second
12 about the photographer?

13 A. Sure.

14 Q. I can assume what a photographer
15 does. What were the responsibilities during
16 your time for several years as a photographer?

17 A. Way back in those days, it was, you
18 know, film, so, you know, I developed and -- all
19 the film. I was on call, so anytime like a
20 homicide or a high-profile case came in, I was
21 called out to do the photography on those cases.
22 Then I did the photography during -- at the
23 autopsy examinations, if there was photography
24 to be done.

25 Q. How many photographers were on the

1 department staff at that time?

2 A. Just -- just one.

3 Q. So you were the on-call for all of
4 those instances that you described?

5 A. Yes.

6 Q. Did you have any training or
7 background in photography?

8 A. I took some courses in college.

9 Q. All right. After that position was
10 eliminated, what was your next position in the
11 office?

12 A. I was then a forensic investigator.

13 Q. And what were the additional
14 responsibilities that were put on your plate
15 with that new title?

16 A. Like I said, the -- at the time all
17 the photography duties were then given to all
18 the investigators, so the investigators did
19 their own photography at death scenes, and the
20 daytime investigators would sit through the
21 autopsies, if needed, for photography and --
22 during the autopsies.

23 Being an investigator, you know, you
24 go to death scenes, take death calls over the
25 telephone from, like, hospitals, nursing homes.

1 You're dealing with families, communicating with
2 families. You're kind of in charge of the
3 deceased's property if no family is there.

4 Q. Do you interact with law
5 enforcement?

6 A. Yes.

7 Q. Can you provide an overview of what
8 those interactions would be in the ordinary
9 case?

10 MS. HERMIZ: Objection to form.

11 Q. And that's a fair point, because you
12 deal with a number of different types of cases,
13 correct?

14 A. Correct.

15 Q. What would those interactions be in
16 a homicide case?

17 A. Once the investigator is at the
18 scene -- now I'm talking, you know, when there's
19 a death scene, because it's kind of different if
20 a person would die, say, several days later
21 after, you know, being shot or stabbed.

22 When we're on scene, we, you know,
23 kind of process the scene, take photographs.
24 We're there sometimes during interviews with
25 witnesses. We kind of go over evidence with,

1 you know, what our office needs, what law
2 enforcement needs, kind of work hand-in-hand
3 with them, and then we kind of work together
4 making sure notification is made to the legal
5 next of kin.

6 Q. When you mentioned a moment ago that
7 you're present for interviews, are you referring
8 to witness interviews the Akron PD is taking?

9 A. Sometimes, yes.

10 Q. Are there instances where you
11 conduct your own interviews on scene?

12 A. On scene? Usually if there's, like,
13 family that's on scene, we'll talk to them
14 sometimes on our own, just explaining the
15 process, what's going to take place moving
16 forward.

17 Q. And in the example that we've been
18 talking about where it's a -- you're on a death
19 scene and there's a suspicion of homicide, in
20 that instance where you're talking to the family
21 members about the process, do you ever talk to
22 them about what happened, or do you leave that
23 in the first instance to the law enforcement?

24 MS. HERMIZ: Objection to form.

25 Q. Do you understand my question?

1 A. Yes.

2 Q. Okay.

3 A. Usually we do not go into details
4 about -- we leave that up to the detectives
5 because, you know, a lot of times, you know,
6 we're not sure what's going to jeopardize their
7 case, you know, so we don't want to tell too
8 much to the -- to the families.

9 Q. In terms of the case that's
10 suspected as an accidental death --

11 A. Okay.

12 Q. -- sometimes law enforcement is on
13 the scene, right?

14 A. A lot of times, yes.

15 Q. In those instances where it's a
16 suspected accidental death and you're there at
17 the same time as law enforcement, what
18 interactions would you have with law enforcement
19 in that type of case?

20 A. Well, there's several types of, you
21 know, accidental deaths. It depends on what
22 type of case it is.

23 Q. Will you walk me through those
24 different types?

25 A. You know, there's traffic accidents,

1 so usually we're dealing with the police on, you
2 know, what happened; again, dealing with the
3 deceased's families, getting them notified.

4 And then you have, you know,
5 work-related deaths of a person that dies out on
6 a job scene. Usually with police, we're getting
7 basic background information. Then we're
8 dealing more with, you know, OSHA on
9 work-related deaths than we are law enforcement.

10 Overdose deaths, we, you know -- we
11 interact with law enforcement, especially with,
12 you know, what evidence they need, what evidence
13 we need, talking to families, getting a little
14 bit of background, notifying families.

15 Q. In terms of the conversations you
16 have on scene with next of kin --

17 A. Okay.

18 Q. -- do those conversations always get
19 noted and reported in your investigative case
20 file?

21 A. Yes. I'll take notes when I'm, you
22 know, talking to families, so those will be
23 included in the -- on the worksheet, then later
24 in the final report.

25 Q. And I understand there may be

1 circumstances where, if you're explaining how
2 the process works, you may not write a
3 transcript of everything you told them?

4 A. Right. Right.

5 Q. Whereas if you're taking a
6 statement, you may record more detail, correct?

7 A. Right.

8 Q. But in either situation, would there
9 be a note in the case file that you interacted
10 with next of kin?

11 A. Yes.

12 Q. And why is that the practice?

13 MS. HERMIZ: Objection to form.

14 A. You know, it's our job to make sure
15 the next of kin is notified. So usually the
16 families can tell us, you know, the background
17 of that deceased person. They know that person
18 more than I do, so to get a little bit of
19 background, we talk to the next of kin. Even if
20 they don't know the exact information that we
21 need, they can sometimes lead us in the right
22 directions to do follow-ups.

23 Q. I want to go back to what got us
24 down this topic of conversation, which was your
25 recollection of using investigative manuals.

1 Did there come a point in time where
2 you played a role in revising or creating the
3 investigative manual?

4 A. Dr. Kohler --

5 Q. That's something Dr. Kohler does?

6 A. -- does, and probably the previous
7 medical examiner.

8 Q. Okay. So is it accurate to say,
9 then, that you personally have not drafted or
10 revised the protocols --

11 A. She probably did it, sent it to me
12 and said, "Hey, do you see anything that needs
13 to be corrected or adjusted"?

14 Q. Okay. Sitting here today, do you
15 have a recollection of any instance where you
16 had to correct Dr. Kohler?

17 A. No.

18 Q. Okay. Do you recall any instance
19 where you corrected her predecessor?

20 A. No.

21 Q. Okay. We also mentioned an
22 information handbook. Do you recall whether
23 there was a document like that when you started
24 at the department?

25 A. No.

1 Q. No, you don't recall?

2 A. I don't -- I don't recall.

3 Q. All right. Back to a walk-through
4 of your positions.

5 How long were you a forensic
6 investigator?

7 A. It's easier if I walk backwards.

8 I became chief investigator 2008,
9 2009, somewhere in that period. Prior to
10 becoming chief investigator, I was an
11 investigator supervisor, probably did that three
12 to four years.

13 Q. Before that were you then a line
14 investigator?

15 A. Then, regular investigator, yes.

16 So, you know, it's probably been 15
17 years that I was --

18 Q. During the course of your time with
19 the Summit County Medical Examiner's Office,
20 have you ever been disciplined?

21 A. No.

22 Q. Are you aware of any complaints that
23 have ever been filed against you?

24 A. You know, I've had complaints that
25 -- you know, like, I would be at a death scene,

1 and families call in and complain because, like,
2 I'll have the body removed from the death scene
3 before, you know, they were able to see the
4 person.

5 Q. In that example, were you following
6 office protocol?

7 A. Yes.

8 Q. Okay. And so maybe they didn't
9 understand the process?

10 A. Correct.

11 Q. Other than those kinds of examples,
12 are you aware of any formal complaints?

13 A. No.

14 Q. Why was it that you left your prior
15 position as an undercover drug enforcement agent
16 to join the medical examiner's office?

17 A. When I was doing the undercover drug
18 narcotics, you know, I worked a lot with
19 informants. About three or four months during
20 that time, I had an undercover apartment up in
21 the city of Brunswick. I actually had an
22 informant living with me. You know, I did a lot
23 of the work in the bars and that, so, you know,
24 it got to be almost, you know, four or five
25 nights out of the week I was living in bars. It

1 just wore me down. I was getting burned out.

2 Q. In terms of your background, you
3 have an Associate's degree in law enforcement
4 from Clark State here in Akron?

5 A. It was Clark Technical College at
6 the time, but it's now Clark -- Clark State.
7 That's in Springfield, Ohio, which is down by
8 Dayton.

9 Q. Okay. And then you completed Ohio
10 Peace Officer Police Academy?

11 A. While I was going through getting
12 the Associate's degree, I also went through the
13 police academy.

14 Q. All right. Any other education or
15 specialized training after high school?

16 A. After high school? I got the --

17 Q. We discussed those. And so any
18 other post-high school education or training?

19 A. You know, when I first moved up this
20 way, which was when I started with MEDWAY, the
21 goal was to finish -- get a four-year degree at
22 the University of Akron, but with the hours that
23 I was working, it just didn't -- I was able to
24 take a few more classes, but --

25 Q. Was there a focus or an area of

1 education that you were interested in pursuing
2 at that time?

3 A. I was going after a technical
4 education degree.

5 Q. And you mentioned when you moved up
6 here to work with MEDWAY -- are you from the
7 Springfield area?

8 A. Yes. I grew up in Springfield.

9 Q. Okay. And did you come up here for
10 work?

11 A. Yes. Work and school, but --

12 Q. Right. Have you had any specialized
13 education courses in the area of medicine?

14 A. No.

15 Q. Do you have board certifications in
16 any area?

17 A. We're -- I'm board certified through
18 the American Board of Medicolegal Death Invest
19 -- too many letters there.

20 Q. So you're certified through the
21 American Board of Medicolegal Death
22 Investigators?

23 A. Correct.

24 Q. And when did you obtain that
25 certification?

1 A. I've renewed -- I want to say at
2 least 15 years ago.

3 Q. And what was required to obtain that
4 certification?

5 A. To be able to sit for the exam, you
6 have to have so many hours working in a medical
7 examiner's/coroner's system doing
8 investigations. So, you know, there's a
9 checklist that Dr. Kohler had to, you know, sign
10 off on, saying that, you know, you've done these
11 certain things.

12 Once that's done, you sit for an
13 exam. I believe it was like a four-hour exam.
14 Then -- and it's broken into, I think, four or
15 five different sections, so you had to pass each
16 section. If you happen to fail a section or
17 two, they give you a second chance to retake
18 that. And then once you pass all the sections,
19 you're certified.

20 Q. So you passed all the sections?

21 A. Yes.

22 Q. First time?

23 A. I had to retake one section.

24 Q. Okay. And then in terms of
25 recertifying, do you have to take the exam

1 again?

2 A. No. No. Only if -- you know, we're
3 required to have, like, 45, 50 hours of
4 continuing education every five years. Now, if
5 you have a lapse in that, they'll make you
6 retake the exam.

7 Q. So it's an incentive to stay
8 current?

9 A. Yes.

10 Q. What types of -- can you give me an
11 example of a continuing education topic?

12 A. Usually, like, every year the State
13 of Ohio -- the Ohio Coroners Association has a
14 regional meeting where they have speakers come
15 in on different topics and talk.

16 You can go to -- like St. Louis has
17 a death investigation 40-hour class, basic and
18 advanced.

19 Q. Have you participated in that?

20 A. I went to St. Louis for the week.
21 Then, at the end of the week, that's when I took
22 my test.

23 Q. Your exam?

24 A. Yeah.

25 Q. Have you ever taught a continuing

1 education unit?

2 A. Years and years ago -- it had to be
3 within the first ten years -- I did a three-hour
4 course that I gave on forensic radiology to
5 x-ray techs for their continuing ed.

6 Q. Do you have training in radiology?

7 A. On the job.

8 Q. On the job, okay.

9 Any other -- any other continuing
10 education classes that you have presented that
11 you can recall?

12 A. No.

13 Q. Other than that certification
14 through the board we've been discussing, are
15 there any other licenses, certifications,
16 accreditations that you hold?

17 A. No.

18 Q. Okay. Are there any in your area
19 that are available that you have not pursued?

20 A. Classes to take?

21 Q. And that's fair, because it was a
22 couple different things.

23 Are there any licenses or
24 certifications that are available that you have
25 not pursued?

1 A. No.

2 Q. I asked you about medical training.
3 Do you consider yourself an expert in
4 toxicology?

5 A. No.

6 Q. Pathology?

7 A. No.

8 Q. Do you have any expertise in
9 pharmacy?

10 A. No.

11 Q. Are you a member of any professional
12 organizations?

13 A. No.

14 Q. Are you a member of any of Summit
15 County's various boards and organizations, such
16 as the ADM board?

17 A. No. I'm a -- I'm on the board of
18 directors for Victim's Assistance Program.

19 Q. Okay. And what is that
20 organization?

21 A. They help victims of crime and that,
22 like they have advocates that will show up on
23 death scenes to help -- help families through
24 the process. They have advocates that will take
25 the victims -- you know, like somebody gets

1 murdered, they'll stick with that person's
2 family and all the way through the court
3 process.

4 Q. How long have you been involved with
5 that organization?

6 A. You know, I've -- I've been on the
7 board of directors for going on three years now,
8 but I've dealt with them, you know, through work
9 for, I mean, God, as long as I think I've been
10 there because, you know, they'll be at death
11 scenes to help with families and stuff like
12 that.

13 Q. So that organization, the Victim's
14 Assistance Program, that's been an organization
15 that provides that service as long as you can
16 remember?

17 A. Correct.

18 Q. And then your direct involvement has
19 been about three years?

20 A. Yes, sir.

21 Q. Any other professional associations
22 or Summit County groups that you're a part of?

23 A. No.

24 Q. Are there any task forces that
25 Summit County set up that you're a member of?

1 A. No.

2 Q. Other than the continuing education
3 program that you've described, are there any
4 other presentations that you've given to public
5 groups about -- you know, within the context of
6 your job as a chief forensic investigator?

7 A. Yeah. I'll go out and give -- you
8 know, I give -- it's kind of slowed down
9 recently, but I've given talks to, like, high
10 school students just on forensic background.

11 Q. Let's try this way.

12 A. Okay.

13 Q. Identify the different groups that
14 you've spoken to and then I'll follow up based
15 on those different types of presentations.

16 So one is to students, you've talked
17 to high school students.

18 A. Students.

19 Q. Any other groups that you've
20 presented to?

21 A. Insurance groups. They have -- I
22 forget what it's called -- the National Night
23 Out of crime victims they have once a year.
24 They set up in different neighborhoods. I've
25 done that.

1 Q. Kind of like a take back the
2 neighborhood event?

3 A. Yeah.
4 Police Explorers.

5 Q. What's that?

6 A. Like, Akron will have a group of
7 high school kids that are interested in going
8 into, you know, law enforcement as a career, so
9 they'll have them come down.

10 I've given talks to, like, Victim's
11 Assistance personnel.

12 Q. Any other groups that come to mind?

13 A. Not offhand. I'm sure there's --
14 there's more.

15 Q. Okay. If at some point during the
16 course of the deposition it pops in your head,
17 will you let me know?

18 A. Yes.

19 Q. Even if it's not what we're talking
20 about.

21 A. Okay.

22 Q. Thank you.

23 So when you talk to the high school
24 students, what's the topic that you present on?

25 A. Usually it's just an overall of our

1 office, forensics, death scene investigations.

2 Q. Is it a context kind of like a
3 career day, like this is an area that you could
4 go into --

5 A. Yes. Yes.

6 Q. -- and this is what we do generally?

7 A. Correct.

8 Q. Okay. Have you talked to high
9 school students about issues related to opioids?

10 A. I gave an opioid presentation up at
11 Revere, and it was kind of a mixture of
12 students, parents. It was like a panel.

13 Q. Do you recall when that was?

14 A. Not offhand, no, I can't recall.

15 Q. Do you recall whether it was in the
16 last year?

17 A. No. It was --

18 Q. Prior to that?

19 A. -- prior to that.

20 Q. Was it during the time where you
21 were the chief investigator?

22 A. Yes.

23 Q. Other than --

24 A. I want to say 2015, 2016,
25 somewhere --

1 Q. And that's just an estimate?

2 A. That's just an estimate.

3 Q. Do you recall who else was on the
4 panel with you?

5 A. I know there was an officer from
6 Richfield, there was a pharmacist, and I think
7 there was a parent or parents that lost somebody
8 in their family.

9 Q. And do you recall the circumstances
10 of that particular family's loss?

11 A. Other than it was an overdose.

12 Q. Do you recall what the overdose was
13 on?

14 A. No.

15 Q. Any other details about that case
16 you remember?

17 A. No.

18 Q. Was that a case that you personally
19 had investigated?

20 A. No.

21 Q. Do you remember what role you played
22 in that panel presentation?

23 A. I think mainly it was just giving
24 stats and, you know, what we were seeing at the
25 time, you know, how many cases we were seeing,

1 what we were seeing an uptick in.

2 Q. And what were you seeing an uptick
3 in in that 2015-2016 time frame?

4 A. It was starting to tick up with the
5 heroin, fentanyl, fentanyl analogs.

6 Q. And then was it 4th of July, 2016,
7 when carfentanil appeared?

8 A. Yes.

9 MS. HERMIZ: Objection to form.

10 THE WITNESS: Sorry.

11 A. That's what I recall, you know.

12 Q. In terms of panel presentations,
13 like the one at Revere, any other times where
14 you were talking to an audience that included
15 high schoolers where the focus of the discussion
16 was opioid-related?

17 A. No. I -- the only other
18 presentations opioid related was to the
19 insurance.

20 Q. Okay. So you anticipated one of my
21 areas. So in terms of the Victim's Assistance
22 or the Police Explorers, is it fair to say,
23 whatever those presentations were, they didn't
24 focus on opioids?

25 A. A lot of times with those groups,

1 they'll come to the office, I'll give a talk on
2 the overall function of our office, what we do,
3 then usually give them a quick tour of the labs,
4 autopsy suites. So it wasn't, you know,
5 specifically on opiates, those presentations.

6 Q. Understood.

7 In terms of the insurance
8 presentations, you indicated you've -- you've
9 given presentations that focused on opiates to
10 those audiences, correct?

11 A. Yes.

12 Q. Have you given more than one to that
13 type of audience that would have focused on
14 opiates?

15 A. It was two.

16 Q. Two.

17 Did you give other presentations to
18 that group that were unrelated to opiates?

19 A. No.

20 Q. So is it accurate, then, that in
21 terms of that audience, an insurance audience,
22 you've only ever given two presentations?

23 A. Yes.

24 Q. Okay. Do you recall when those were
25 in terms of year?

1 A. I want to say 2017.

2 Q. And so in terms of helping you place
3 these, would it have been after the Revere
4 presentation, to the best of your recollection?

5 A. Yes.

6 Q. And were they -- were the two
7 presentations to an insurance audience, was it
8 the same group both times?

9 A. No.

10 Q. Were they close together in terms of
11 the timing of those presentations?

12 A. I believe they were within, like,
13 six months of each other.

14 Q. Okay. All right. What were the two
15 insurance groups you presented to?

16 A. I can't recall.

17 Q. How did those come about? How did
18 those presentations get set up?

19 A. Usually they call. I believe it
20 was, you know -- they had -- their group has
21 monthly meetings and they have different
22 speakers come in, you know, and rotate, so
23 they -- I'm sure I got a phone call that said,
24 hey, would you be willing to come in and speak
25 since, you know, opioids were big at the time,

1 you know.

2 Q. Did you use a PowerPoint?

3 A. Yes.

4 Q. Did you use the same PowerPoint for
5 both?

6 A. Yes.

7 Q. And we'll discuss those slides
8 later.

9 During your part of the presentation
10 was there any other presenter who was going at
11 the same time?

12 A. No.

13 Q. Okay.

14 A. Those were only -- like, one was a
15 dinner meeting and another one was a lunch
16 meeting, so, you know, they were short.

17 Q. They were short?

18 A. Less than an hour.

19 Q. Did you make it through your slides
20 both times?

21 A. Yes.

22 Q. In terms of those slides, were they
23 something that you created independently or did
24 you do that in connection with Dr. Kohler's
25 slides?

1 A. With Dr. Kohler's. Usually, when we
2 do presentations, just not on opiates, but on
3 all presentations, you know, there will be a
4 presentation and you'll go through it and say,
5 oh, I can use this for this presentation and
6 pull it out. So there's a lot of sharing.

7 Q. As the head of the office, does
8 Dr. Kohler approve your participation in public
9 presentations --

10 A. Yes.

11 Q. -- on behalf of the office?

12 A. Yes.

13 Q. You've been doing a really good job.
14 Sometimes you know exactly what my question is.
15 It's a hard process. Just try to let me finish.
16 It will make it easier for the court reporter.
17 But it hasn't been a problem. I just want to
18 let you know going forward. Okay?

19 All right. Switching gears a little
20 bit, in terms of this lawsuit, do you know who
21 the Defendants are?

22 A. Personally, no.

23 Q. Do you know the names of any of the
24 Defendants?

25 A. No.

1 Q. Do you have a personal understanding
2 of any of the allegations that Summit County is
3 bringing against the Defendants in these cases?

4 A. To be honest, I haven't even read
5 the complaint, so I don't even know what the --

6 Q. So you don't know what the
7 allegations are?

8 A. Right.

9 Q. Have you had any professional
10 training in the area of addiction or substance
11 abuse?

12 A. No.

13 Q. Do you consider yourself an expert
14 in addiction?

15 A. No.

16 Q. Do you consider yourself an expert
17 in substance abuse?

18 A. No.

19 Q. Have you had any training in
20 counseling or psychology?

21 A. No.

22 Q. Do you consider yourself an expert
23 in psychiatry?

24 A. No.

25 Q. Do you consider yourself an expert

1 on public health policy?

2 A. No.

3 Q. Do you consider yourself an expert
4 on pain management?

5 A. No.

6 Q. Do you consider yourself an expert
7 on the sufficiency of medication warning labels?

8 A. No.

9 Q. Do you consider yourself an expert
10 on the proper prescription and use of opioid
11 medications?

12 A. No.

13 Q. Do you consider yourself an expert
14 on the causes of addictions to substances?

15 A. No.

16 Q. In terms of what we were discussing
17 a moment ago in the Revere presentation and how
18 you were seeing an increase in the volume of
19 heroin cases, fentanyl cases, and I think you
20 said fentanyl analogs; is that correct?

21 A. Yes.

22 Q. In terms of those increases, do you
23 have any expertise as to the causes of those
24 increases?

25 A. What caused?

1 Q. Yes.

2 A. You know, I -- talking with police
3 officers, you know, we do a lot with, like,
4 Akron narcotics, those guys, you know. In 2016,
5 apparently, the heroin and fentanyl was being
6 shipped from -- from China, Mexico, and it was
7 cheap. That's when it --

8 Q. Is that what you heard from law
9 enforcement?

10 A. Correct.

11 Q. Other than hearing other
12 professionals that you were working with, did
13 you have any independent expertise --

14 A. No.

15 Q. In terms of -- try and let me
16 finish. I'll just reask it.

17 A. Okay.

18 Q. Other than what you heard from law
19 enforcement, do you have any independent
20 expertise in terms of identifying the causes of
21 that increase?

22 A. No.

23 Q. In terms of what you heard from the
24 law enforcement professionals that you were
25 working with in the course of your duties, other

1 than increase in those kind of foreign, cheap
2 shipments that would raise the supply of heroin
3 and the fentanyl analogs, anything else that you
4 heard the law enforcement officials identify as
5 a cause to you?

6 MS. HERMIZ: Objection to form.

7 A. Of why heroin and, like, fentanyl
8 became so popular?

9 Q. Yes. When you were -- when you
10 heard, in the course of your work, conversations
11 with law enforcement officials about the
12 increase in heroin and fentanyl and fentanyl
13 analog, is there any other cause that they
14 identified for you?

15 A. Prior to that, 2015, 2016, when we
16 started seeing the spikes, you know, there was
17 apparently some laws that were changed about
18 reporting of, like, opiate painkillers and that.
19 You know, physicians had to report to -- what is
20 it -- the OARRS website. So prescriptions, in
21 effect, were getting harder to obtain. That's
22 when, you know, I was told heroin and the
23 fentanyl kind of came in and took its place.

24 Q. Okay. In terms -- you mentioned
25 OARRS. And for the court reporter, that's

1 O-A-R-R-S?

2 A. Right.

3 Q. Have you ever used that database?

4 A. I've seen reports. At our office
5 only the doctors can log in to that system and
6 look at -- look at reports.

7 Q. So you're not authorized to search
8 the system or generate the reports?

9 A. Correct.

10 Q. But you've seen reports that
11 Dr. Kohler and Dr. Sterbenz have run?

12 A. Yes.

13 Q. How often have you seen reports that
14 one of the physicians have run?

15 A. I want to say multiple, multiple
16 times.

17 Q. More than ten times?

18 A. Yes.

19 Q. Okay. When you view those, do those
20 reports make it into the case file?

21 MS. HERMIZ: Objection to form.

22 A. Sometimes.

23 Q. What are the -- what's the context
24 in which you would see one of those reports?

25 A. You mean what type of case would I

1 see those reports on?

2 Q. Is there any type of case, other
3 than an accidental overdose death, where you
4 would see one of those reports?

5 A. There's been other cases, like a
6 sudden death, that I'll see a report on.

7 Q. Okay. And -- go ahead. Were you
8 finished with your answer?

9 A. Well, the problem is, you know,
10 we've seen overdoses from, you know, teenagers
11 all the way up to people in their 70s, so, you
12 know, you can have a person, you know, mid-60s,
13 70s, that's got extensive, you know, medical
14 history, enough that would explain a death, but,
15 you know, with the huge spike in overdoses over
16 the last several years, you just don't know. So
17 a lot of times, you know, I think docs will run
18 those reports just to see if, you know, is this
19 person a long-time -- you know, have
20 prescriptions for opiate use.

21 Q. Are you -- you mentioned an age
22 range that you've encountered. Are you
23 generally familiar with the statistics that your
24 office publishes?

25 A. I look at -- you know, I have access

1 to them, I look at them. Usually going over
2 stats, the biggest -- you know, when I get calls
3 from -- whether it be media or, you know, people
4 doing research on drug overdoses, usually
5 they'll just call in and ask for numbers. So I
6 really don't look.

7 Q. When those public inquiries occur,
8 are those directed to you? Do you field those?

9 A. The majority of the time.

10 Q. And we'll come back to that later.

11 What I wanted to ask generally, in
12 terms of ages, would you agree, based on your
13 experience and access to the statistics, that 80
14 percent of the overdose deaths that involve an
15 opiate of some kind in Summit County involve
16 persons 25 or older?

17 A. Yes.

18 Q. Now, a moment ago you were talking
19 about some regulations changed, and, as you
20 said -- I think you said it was harder to get
21 prescriptions. Was that information that you
22 independently were aware of in the course of
23 your work, or was that something you heard from
24 law enforcement?

25 A. From law enforcement, and, you know,

1 I'm sure I've read it or heard about it on the
2 news.

3 Q. Do you consider yourself an expert
4 in the regulations concerning the availability
5 of prescription opioids?

6 A. No.

7 Q. Okay. Is that something you've ever
8 had -- is that something you've ever studied?

9 A. No.

10 Q. Do you have any familiarity with
11 what those regulations are and how they may have
12 changed over time?

13 A. No.

14 Q. In terms of conversations with law
15 enforcement, when they referenced it, do you
16 even know any of the specific laws or
17 regulations that they were referencing?

18 A. No.

19 Q. In terms of prescriptions -- in
20 terms of hearing that prescriptions were harder
21 to come by, any personal information, based on
22 your time on the job, into the availability of
23 prescriptions in Summit County?

24 MS. HERMIZ: Objection to form.

25 Q. I'm talking prescriptions for

1 opioids.

2 So let me ask it this way.

3 A. Okay.

4 Q. Other than hearing that anecdotally
5 from the police, any personal knowledge where
6 you've seen that for yourself in terms of
7 prescription opioids being harder to come by?

8 MS. HERMIZ: Objection to form.

9 A. I can tell you what I've seen over
10 the past several years.

11 Prior to 2015 it was not uncommon
12 for a death investigator to go to a scene and
13 bring back multiple prescription bottles,
14 whether they be empty or, you know, had
15 medication in them. That was the majority of
16 the evidence that was brought back to our
17 office.

18 Since late 2015, 2016 to current I
19 rarely see prescription medications, you know,
20 come through our office. It's mainly, you know,
21 syringes, bindles, spoons. So, you know, from
22 that standpoint, we're seeing a lot less actual
23 prescriptions come through our office, but it's
24 converted over to, like I said, the syringes and
25 the powders and the burnt spoons.

1 Q. So from 2015, continuing on through
2 2016, 2017, and the ten months of this year,
3 it's rare for your office to see prescription
4 opioid bottles or evidence come back?

5 A. I'm saying I'm seeing a lot, lot
6 less than previous -- prior to that time.

7 Q. Okay. And the overwhelming majority
8 of the types of evidence that you see come back
9 in that same time period are the syringes, the
10 bindles, spoons?

11 MS. HERMIZ: Objection to form.

12 A. Yes.

13 Q. And with respect to the things that
14 you see in 2015 through to today, the vast
15 majority would be what we could describe as
16 illicit drug use?

17 A. Yes, sir.

18 Q. Do you have any expertise in terms
19 of the causes for that change between
20 prescription opioids and the illicit drugs in
21 terms of what you've seen more frequently?

22 A. Like I said, I think it's, you know,
23 the cost, the availability of those drugs.

24 Q. Now, you mentioned prior to 2015 you
25 would find and bring back into evidence

1 prescription pill bottles, some that were empty,
2 some that weren't, correct?

3 A. Correct.

4 Q. What was the frequency where the
5 prescription bottle matched the identity of the
6 victim versus it was written for someone else?

7 MS. HERMIZ: Objection to form.

8 Q. Let me ask it this way: Did you
9 ever see circumstances where you would take back
10 into evidence a prescription pill bottle that
11 didn't match the identity of the victim?

12 A. I have seen it. Not very often.

13 Q. In the cases where you would find
14 evidence of prescription pill use on the scene,
15 do you know the extent to which those pills were
16 used as directed?

17 MS. HERMIZ: Objection to form.

18 A. No.

19 Q. Did you see cases where you found
20 evidence of prescription pills being crushed or
21 altered?

22 A. I've been on death scenes before
23 where, you know, I've seen on a mirror crushed
24 pills. Now, what those were, you know, I
25 couldn't tell you.

1 Q. When you find substances on a scene,
2 do you -- are you responsible for identifying
3 them, or do you send them to toxicology, or is
4 it a mixture?

5 A. It's a mixture. You know, law
6 enforcement nowadays are -- are going after the
7 sellers or providers of those drugs. So, you
8 know, they're doing a lot of DNA, touch DNA
9 testing, sending stuff off to the lab for DNA,
10 touch DNA and other tests. So it all depends on
11 what's at the scene is what we'll bring back or
12 what the police, law enforcement agency, will
13 take.

14 If we bring it back, it goes -- you
15 know, most of the time it will go back to our
16 toxicologist, who will, you know, run the tests
17 to determine, you know, what drug that powder
18 was.

19 Q. Are there certain substances, based
20 on your experience, that you're comfortable
21 identifying in the field?

22 A. You know, if I find a loose pill, I
23 can bring it back, and there's those websites
24 where you can look up the numbers and the shapes
25 and the colors; but if I have any doubt, it goes

1 back to the toxicologist.

2 Q. Can you identify meth in the field?

3 A. I can't, no.

4 Q. Heroin?

5 A. No.

6 Q. Fentanyl analogs?

7 A. No.

8 Q. Cocaine?

9 A. No.

10 Now, while on scene, police -- law
11 enforcement has those, you know, presumptive
12 kits that they can test powder at the scene, and
13 if it changes colors, you know, this is what it
14 is, but I can't personally.

15 Q. So in that situation, if you're on
16 the scene with Akron PD, you would rely on their
17 kit in terms of an initial indicator of what it
18 is?

19 A. Yeah. That's a presumptive test.
20 It's still got to be confirmed either by, you
21 know, BCI or, you know, our toxicologist.

22 Q. And -- this is a broad question --
23 when you find evidence of substance use at a
24 scene, whether it's a prescription pill, some,
25 you know, powder that needs to be identified,

1 alcohol, anything that you would collect as
2 evidence, does the presence of that item on
3 scene equal a cause of death or a manner of
4 death determination?

5 MS. HERMIZ: Objection to form.

6 A. It's a suspicion that that's the
7 cause of death. The exam and the testing of,
8 you know, the deceased's blood, urine by a
9 toxicologist to see if the presence of those --
10 of illicit drugs or, you know, prescription
11 drugs in their system is present --

12 Q. So it's -- it's context, it's an
13 indicator of a way -- of a path you should run
14 down, but is it accurate to say that its
15 presence in and of itself doesn't lead to a
16 formal conclusion from the office without
17 further rundown?

18 A. No. It gives you a high suspicion
19 that it possibly could be an overdose, but
20 again, further testing -- once the exam is done,
21 further testing of those samples got to either
22 confirm it or, you know, it's not present.

23 Q. Right.

24 So in terms of the official
25 pronouncements from the Summit County Medical

1 Examiner's Office, there's a decision as to both
2 the manner of death and cause of death, correct?

3 A. Yes.

4 Q. Do you, as chief forensic
5 investigator, make the determination as to
6 manner of death or cause of death?

7 A. No.

8 Q. Do you make recommendations to
9 Dr. Kohler and Dr. Sterbenz?

10 A. We will gather information at the
11 scene whereby ordering certain records, getting
12 certain police reports and that; we will gather
13 that information for them and provide that for
14 them, and the doctors are the ones that will
15 determine the cause and manner of death.

16 Q. Do you have any expertise in
17 statistics?

18 A. No.

19 Q. Any expertise in accounting?

20 A. No.

21 Q. Expertise in marketing for consumer
22 products?

23 A. No.

24 Q. Have you ever calculated the costs
25 to the field investigation unit attributable to

1 opioids?

2 A. No.

3 Q. Have you ever prepared a budget for
4 the office?

5 A. No.

6 Q. In terms of the office, of the
7 medical examiner's budget process, do you play
8 any role in it?

9 A. No.

10 Q. Does your forensic investigation --
11 can I call it a unit --

12 A. That's fine.

13 Q. -- or division? Okay. Does your
14 unit have a separate budget within the medical
15 examiner's office, to your knowledge?

16 A. To my knowledge, no. There's -- you
17 know, I know there's -- what do you call it --
18 subtitles, you know, a special budget for, like,
19 supplies, line items for, you know, salaries.

20 Q. Sure.

21 A. Contract services.

22 Q. In terms of the specifics of the
23 budget and how that process works, is it fair to
24 say you're not the person I should talk to?

25 A. No.

1 Q. Okay. Have you consulted or made
2 requests to Dr. Kohler in terms of additional
3 resources that your unit needs?

4 A. Usually, when we're running low, the
5 investigators will, you know, leave a note on my
6 desk or whatever that says, hey, we need these
7 supplies, we're running low. I take that and go
8 to the administrator, business administrator,
9 Denice, and say, hey, we need this -- these
10 items.

11 Q. Okay. Other than being a
12 messenger --

13 A. That's right.

14 Q. -- do you have any involvement in
15 terms of how much that costs, or do you ever
16 request, you know, we need a hundred
17 highlighters or --

18 A. No.

19 Q. Is it ever that specific?

20 A. No.

21 Q. And in terms of requests for
22 resources, have you ever made -- communicated
23 additional needs for your unit specifically as a
24 result of opioid overdoses?

25 MS. HERMIZ: Objection to form.

1 A. I can tell you for a fact that we've
2 had to order, you know, especially since 2016 --
3 you know, like our body removal service. We
4 have a body removal service that we have a
5 contract with, that, you know, for this amount,
6 for this many bodies. That amount had to be
7 doubled because of the amount of cases that were
8 coming through our office. So, you know, I know
9 that, you know, we've had to buy extra body
10 bags. So I know we've had to order more, you
11 know, supplies than normal; but the cost, I have
12 -- I have no idea.

13 Q. So in terms of the specific
14 supplies, you mentioned body bags. Is there
15 anything else, any other cost -- well, I don't
16 want to use the word "cost" and confuse it, so
17 let me start over.

18 Other than body bags, is there any
19 other supply or resource that you recall
20 requesting that you would attribute to an
21 increase in opiate overdoses?

22 A. From the investigator side of it,
23 I've known there was -- our overtime budget
24 increased, manhours.

25 Q. The manhours. Do you know what that

1 equates to in terms of dollars?

2 A. No.

3 Q. That's where your knowledge stops?

4 A. Yes.

5 Q. Okay. Do you know the amount of
6 hours it increased by?

7 A. No. No.

8 Q. And in terms of -- you said body
9 bags, overtime hours. Any other resources or
10 supplies that have increased, to your knowledge,
11 as a result of opiate overdoses?

12 A. No. I'm sure they had some supply
13 issues in the morgue that, you know, went up.
14 I'm sure --

15 Q. Let me just -- I don't want to
16 interrupt your answer entirely, but is the
17 morgue part of your unit?

18 A. No.

19 Q. Okay. And so, for my purposes, I
20 want to focus on things kind of in your lane, so
21 to speak. So, in your unit, anything other than
22 overtime and body bags?

23 A. No.

24 Q. Okay. And with respect to that
25 increase in overtime hours and body bags, is the

1 time frame for both of those increases 2015 to
2 current?

3 A. Yes.

4 Q. And, to the best of your knowledge,
5 is the increase in body bags and overtime hours
6 a result of those heroin, fentanyl, fentanyl
7 analog and carfentanil deaths?

8 MS. HERMIZ: Objection to form.

9 A. Those played a big part of that.

10 Q. What -- do you agree there's been a
11 decrease in the number of prescription opioid
12 deaths that your office has seen since 2015?

13 A. Yes.

14 Q. And while those prescription deaths
15 have been going down, those illicit opioid
16 deaths have gone up?

17 A. Yes.

18 MR. CARTER: We've been going, if
19 this counter is right, about an hour and a half.
20 Are you good to continue? Would you like to
21 take a comfort break?

22 THE WITNESS: I would like to take a
23 break.

24 MR. CARTER: Okay. So that time I
25 flagged it for you. You don't need to wait. So

1 if you feel at any time that you want a break,
2 interrupt me and say, hey, now's a good time,
3 okay?

4 THE WITNESS: Okay.

5 MR. CARTER: We'll go off the
6 record.

7 THE VIDEOGRAPHER: Off the record,
8 10:31.

9 (Recess had.)

10 THE VIDEOGRAPHER: We're back on the
11 record, 10:44 a.m.

12 BY MR. CARTER:

13 Q. Are you okay to continue?

14 A. Yes.

15 Q. Okay. Good.

16 I want to follow up on some
17 questions about prescriptions.

18 Do you have any -- any opinions
19 regarding the prescribing habits of any
20 particular doctor in Summit County?

21 A. Personally, no. I've known a few
22 that, you know, have lost their license and that
23 because --

24 Q. All right. We'll take it step by
25 step.

1 Do you consider yourself an expert
2 or do you have any -- any specialized knowledge
3 in assessing the medical necessity or
4 appropriateness of any prescription?

5 A. No.

6 Q. In terms of applying that to an
7 individual, in terms of whether a particular
8 individual had an appropriate prescription or
9 not, is that something you have expertise in?

10 A. No.

11 Q. In terms of making an assessment
12 regarding whether a doctor's practice is
13 medically appropriate or not, is that something
14 you have expertise in?

15 A. No.

16 Q. You mentioned, am I correct, you've
17 heard anecdotal evidence of doctors losing their
18 license --

19 MS. HERMIZ: Objection to form.

20 Q. -- is that correct?

21 A. Yes. Yes.

22 Q. Do you know the names of any doctors
23 sitting here today?

24 A. One was Dr. Harper.

25 Q. What was the last name?

1 A. Harper.

2 Q. Okay. Any others?

3 A. Dr. Bressi. Those are the two that
4 I can remember. I'm sure there's, you know, a
5 couple more, but --

6 Q. Okay. In terms of Dr. Harper, did
7 you play any role in Dr. Harper losing his
8 license?

9 A. I don't make that determination.

10 Q. Did you report Dr. Harper to any of
11 the governing boards?

12 A. Personally, no.

13 Q. Did you -- so when -- what is the
14 time frame, to the best of your knowledge, when
15 Dr. Harper lost his license?

16 A. It's been several years ago.

17 Q. Do you know the details that led to
18 him losing his license?

19 A. No.

20 Q. How do you know that Dr. Harper lost
21 his license?

22 A. We get involved through our office,
23 you know, through records requests. The state
24 board of pharmacy, state medical board will come
25 in and request, you know, records for certain

1 individuals that have passed away. You know,
2 then you talk with those investigators from
3 those agencies and, you know, they tell you,
4 hey, we're looking at such-and-such a doctor,
5 we'd like to, you know, get these records on
6 these certain individuals that passed away.
7 Then you just read follow-ups from, you know --
8 in the newspaper and that, you know, so --

9 Q. So do you know whether you actually
10 received records requests related to Dr. Harper?

11 A. Yes.

12 Q. Okay. And did you provide those
13 records?

14 A. Yes.

15 Q. What's the procedure or office
16 protocol for providing those types of records?

17 MS. HERMIZ: Objection to form.

18 Q. Are there any steps you have to go
19 through?

20 A. Usually it's a written request where
21 they come in and -- and, you know, back then we
22 would just put it on a piece of paper, you know,
23 so-and-so from the state pharmacy board, for
24 example, came in and got the investigation
25 report and autopsy report, and those are stuck

1 in -- in the case file.

2 Within the past year they've went to
3 more of a computer system for records requests.

4 Q. In order to provide the records in
5 response, are there any consents or approvals
6 that your office has to obtain?

7 A. The final investigation report, the
8 autopsy report, and included in the autopsy
9 reports is the toxicology report, those are
10 public record. So unless it's a homicide that
11 hasn't been cleared through the courts, all
12 those can be released, you know. If I die and
13 you just walked into our office and say, hey, I
14 want the reports on, you know, Gary Guenther, as
15 long as it's not a homicide, they would provide
16 those to you.

17 Q. But in terms of medical records, if
18 you, in this example, had been a patient of
19 Dr. Harper's and I was requesting Dr. Harper's
20 medical records for you, would that be
21 different?

22 A. Family, legal next of kin, is, you
23 know, allowed to have those records. So,
24 usually, you know, families will hire a law firm
25 to represent them, and when that law firm orders

1 records, they'll usually have the consent
2 release form signed by the, you know, legal next
3 of kin. Other than that, it takes a subpoena.

4 Q. And do you recall what -- what body
5 or organization was investigating Dr. Harper?

6 A. It had to either be the state
7 pharmacy board or medical.

8 Q. Sitting here today, do you recall
9 which?

10 A. No.

11 Q. Did they recall {sic} patient
12 medical records that --

13 A. I can't.

14 Q. Let me just finish real quick.

15 A. Okay.

16 Q. Did they request patient medical
17 records for case files that involved Dr. Harper?

18 A. I -- I don't recall. That's been
19 several, several years ago.

20 Q. All right. Do you recall whether
21 your office provided material in response to
22 inquiries related to Dr. Harper?

23 A. I know for a fact we gave, you know,
24 autopsy investigation reports.

25 Q. Whether -- do you know whether there

1 were additional patient medical records
2 provided?

3 A. That, I don't recall.

4 Q. All right. Do you recall whether
5 there were any cases that related to Dr. Harper
6 where your office -- where Dr. Kohler or
7 Dr. Sterbenz had identified prescription opioids
8 as a cause of death for the patient?

9 A. I -- I don't remember individual
10 cases.

11 Q. Okay. And even without providing
12 the name, do you know whether there was any case
13 where Dr. Harper was involved and there was an
14 outcome with an overdose death attributed to
15 prescription opioids?

16 A. Like was he convicted of causing the
17 death?

18 Q. What I'm asking you is, do you know
19 whether there was any case where the Summit
20 County medical examiner ruled an individual's
21 death as a death caused by prescription opioids
22 and in that case there were Dr. Harper
23 prescriptions?

24 A. I can't say for a hundred percent
25 sure.

1 Q. Okay. Switching to Dr. Bressi, what
2 do you recall in terms of Dr. Bressi losing his
3 license?

4 A. I know, again, the state medical
5 board and, I believe it was the pharmacy board,
6 were looking into him. Just by reading articles
7 in the paper, I think there was -- the
8 newspapers -- if the newspapers were right,
9 there was other issues besides, you know, the
10 prescriptions that he was involved with.

11 Q. What other issues did you read
12 about?

13 A. I think some mis -- how do you say
14 it -- misconduct with patients.

15 Q. Was that patient misconduct related
16 to prescription opioids?

17 MS. HERMIZ: Objection to form.

18 A. I have no idea.

19 Q. Okay. Do you recall whether any
20 of -- whether any group requested records from
21 your office related to Dr. Bressi?

22 A. Other than the two, you know --

23 Q. Other than what?

24 A. Probably the state medical board and
25 the --

1 Q. Okay. And so --

2 A. And I'm not sure if -- you know, if
3 it was one or both or --

4 Q. Understand.

5 Regardless of which one, you believe
6 that one of them would have made records
7 requests to your office in connection with --

8 A. Yes.

9 Q. -- Dr. Bressi?

10 A. Yes.

11 Q. Okay. Do you know whether they
12 requested medical records or the public record
13 autopsy report?

14 A. I know they requested the public
15 record part of it, the investigation autopsy and
16 toxicology report. I cannot say for a hundred
17 percent sure about the records.

18 Q. Okay. In the case of Dr. Bressi,
19 are you -- do you know whether there was a case
20 handled by Summit County Medical Examiner's
21 Office where the determination was an overdose
22 attributable to prescription opioids where the
23 case included prescriptions from Dr. Bressi?

24 A. I can't recall names, but I do
25 recall several cases that, you know, he was the

1 treating physician on people that died from
2 opiate overdoses.

3 Q. And do you recall what opioids he
4 was prescribing?

5 A. No. His specialty was -- he ran a
6 pain clinic -- I do know that -- at the time.

7 Q. Do you know the time frame at issue?

8 A. I want to say it's been over five
9 years, five plus years.

10 Q. That's your best estimate?

11 A. That's my best estimate. It's been
12 a while.

13 Q. Any other details about the
14 Dr. Bressi case that you recall?

15 A. No.

16 Q. In terms of specific doctors, is it
17 accurate that Dr. Harper and Dr. Bressi are the
18 only two that you can recall sitting here so
19 far?

20 A. I'm sure there was others, but those
21 are the two that --

22 Q. Those are the names?

23 A. Those are the names that stick out.

24 Q. If the name of another doctor comes
25 to mind at some point during the deposition,

1 will you let me know?

2 A. Sure.

3 Q. And other than your office providing
4 the public records in response to Dr. Harper and
5 Dr. Bressi, are you aware of any circumstance
6 where your office evaluated the appropriateness
7 of any prescriptions that those doctors wrote?

8 MS. HERMIZ: Objection to form.

9 Q. Let me ask it this way: Does it
10 fall within your job function to evaluate and
11 pass judgment on whether a victim's
12 prescriptions were or were not appropriate?

13 A. That's not our -- that doesn't fall
14 under our jobs.

15 Q. Okay.

16 A. We're not medical doctors, so --

17 Q. Understood.

18 In the course of your 30 years on
19 the job -- and I understand that part of that
20 time is just as a photographer.

21 A. Right.

22 Q. But in the course of your entire
23 time with the department, have you ever passed a
24 judgment as to whether a particular prescription
25 was medically appropriate or not?

1 MS. HERMIZ: Objection to form.

2 A. No.

3 Q. Sitting here today, can you identify
4 any prescription written in a case that you
5 investigated that you can say was not
6 appropriate?

7 A. Again, I'm not a doctor. I don't
8 prescribe. You know, there's times you say to
9 yourself, you know, why is this person getting
10 so many, I mean, a prescription for, you know,
11 180, say, rather than the thing, but that's not
12 my job to say why, or to say good or right.

13 Q. Okay. Understood.

14 So, in that situation, if you
15 encountered a prescription where your reaction
16 was why is this person getting this many pills,
17 what follow-up steps would you take in the
18 course of your investigative job?

19 Let me ask it this way: As part of
20 your protocol, would you have to take follow-up
21 steps if you looked at something and thought,
22 eh, why would this person get 180? Would there
23 be steps to take?

24 A. Other than, you know, ordering
25 medical records on that patient -- and, again,

1 even, you know, on non-opiate overdose cases,
2 you know, sons or, you know, an elderly person
3 dies, we're always going to order medical
4 records if there's some available. So other
5 than ordering medical records -- again, that's
6 not my determination. Maybe Dr. Kohler or, you
7 know, Dr. Sterbenz, who has a medical
8 background, you know, can justify or say whether
9 or not, you know, that was good; but when it
10 comes to prescriptions, I'm a layperson.

11 Q. So what's the percentage of cases
12 where you find -- and this is broader than
13 opiates, okay?

14 A. Okay.

15 Q. What's the percentage of cases, when
16 you're investigating an accidental death and you
17 find evidence of a prescription of any
18 medication, where you would then order medical
19 records?

20 MS. HERMIZ: Objection to form.

21 A. If it's a case of ours -- it don't
22 matter what type of case -- and the person is
23 being treated by a -- has a primary care
24 physician, we will usually always order records
25 from that primary care physician.

1 If a person doesn't have a primary
2 care physician, which there are a lot, but
3 family says, oh, they always go to Akron City
4 Hospital if, you know, they're sick or
5 something, we'll order those records.

6 Q. So when you arrive on scene in any
7 case, if you find evidence, whether it's a
8 prescription note or a prescription bottle of
9 some kind, or someone on the scene, next of kin,
10 tells you something like you just described, if
11 you find evidence that points you in the
12 direction of some kind of medical care, the
13 protocol is to run that down and request
14 records?

15 A. Yes.

16 Q. If there isn't that context
17 available kind of in plain view or in the course
18 of a conversation with someone on site, do you
19 run searches through any source to try to find
20 who their medical provider was, to check
21 insurance records or anything like that, to run
22 it down on your own?

23 A. I know the doctors will sometimes
24 run those OARRS reports that, you know, they'll
25 give you -- on those reports they'll give you

1 the list of medication and who prescribed it.
2 You know, the doctor will come and say, hey,
3 check with such-and-such doctor to see if any
4 records are available. I know investigators
5 will come back and just, you know, call the
6 medical records department of all the local
7 hospitals to see if any records are available.

8 Q. In that example, is that kind of
9 like a cold call situation?

10 A. Yes. Yes.

11 Q. Where they'll call to different
12 sources and just run the name to see if there's
13 a hit?

14 A. Right.

15 Q. In terms of the OARRS reports, do
16 the doctors at Summit County Medical Examiner's
17 Office run those for every patient who comes in,
18 or are they only made when there's something
19 suspicious?

20 MS. HERMIZ: Objection to form.

21 A. I can say they don't run them on
22 everybody, so --

23 Q. Do you -- I'm sorry. I didn't mean
24 to talk over you. Were you done with your
25 answer?

1 A. So I can't say for sure, you know,
2 who they run them on and who they don't.

3 Q. All right. Following up on that, do
4 you ever make the request or a recommendation to
5 Dr. Kohler or Dr. Sterbenz, hey, for this
6 patient you should run an OARRS report?

7 A. No.

8 Q. And in terms of whatever criteria
9 they use, is it fair to say that's not within
10 your scope?

11 A. Again, we don't have access to it,
12 so we, as investigators, cannot run those
13 reports.

14 Q. And is it your understanding that
15 whenever they do run a report, a copy of that
16 report makes its way to you in the investigative
17 file?

18 MS. HERMIZ: Objection to form.

19 A. Not always.

20 Q. Not always, okay.

21 So you only receive it if a report
22 is run and they have a follow-up lead that they
23 want you to run down?

24 A. Correct.

25 Q. Okay. So back to your example of a

1 case where, in your layperson's opinion, you
2 think, hey, this is a large quantity of a
3 prescription, have you ever tried to, you know,
4 independently run down pharmacy records or
5 interview the doctor?

6 A. No.

7 Q. Have you ever interviewed a doctor
8 based on something you found in the
9 investigation that raised a question?

10 A. You know, a lot of times, when a
11 person has a primary care physician, we will --
12 the investigator will call that office. And
13 there are times when, you know, we only talk to
14 the nurse, or whoever is in the office, and we
15 order the records through them at first, say,
16 hey, we'll be ordering records. There are times
17 where we actually talk to the actual doctor and
18 will ask, you know, what happened, what were the
19 circumstances, and, you know, they'll give you a
20 rundown of the history and what they know of the
21 patient verbally, and then you'll, as a
22 follow-up, say, I'll be sending a request for
23 your records.

24 Q. In the course of that type of
25 interaction, is your role to kind of -- it's not

1 observe and report, but kind of engage and
2 report, or do you actually ask probing questions
3 about specific medical judgments that they've
4 made?

5 MS. HERMIZ: Objection to form.

6 Q. Do you understand my question?

7 A. Like --

8 Q. Well, let me ask it this way: When
9 you interact with those doctors, if you're
10 following up on a file, is that an interaction
11 where you're fact-finding and getting the
12 details of the medical care, or does it also
13 include questions where you're asking them why
14 they did something?

15 A. No. I'm not a doctor, so, you know,
16 I --

17 Q. So is it accurate --

18 A. It's accurate to say I, you know --
19 I don't have the medical background in that, you
20 know, to ask a physician, who's got an M.D.
21 license, you know, why did you do that, you
22 know.

23 Q. So when you have those follow-up
24 calls with someone in a physician's office,
25 whether it's the doctor or the nurse, is it fair

1 to say you're finding out the what and not the
2 why?

3 A. Correct.

4 Now, there are times -- and it's
5 mainly on, like, inpatient hospital deaths,
6 where there's surgeries involved and that, like,
7 after the exam Dr. Sterbenz will have one of the
8 investigators follow up with, you know, the
9 surgeon, hey, you know, did you happen to cut
10 through, you know, a bullet hole while you were
11 doing the thoracotomy or whatever. Direct
12 questions like that sometimes we'll call up just
13 to ask, but not about medical care.

14 Q. And not about why a particular
15 medication was prescribed --

16 A. Correct.

17 Q. -- as opposed to a different one?

18 A. Correct.

19 Q. You provided that example of a large
20 number of pills. Is that a specific example
21 that you recall where someone had 150
22 prescribed, or were you just using that as an
23 example?

24 A. An example.

25 Q. Okay. In one of those cases -- I

1 think I know the answer to this, but just let me
2 get through it. In one of those cases where you
3 saw a number of pills prescribed that, in your
4 layperson's opinion, was a high one, did you
5 ever -- or would you ever ask the doctor why
6 this amount?

7 A. No.

8 Q. Is that a conversation you would
9 have with Dr. Kohler or Dr. Sterbenz, say, why
10 was this patient given this number?

11 A. You know, in passing, you might come
12 back -- when you come back from a scene, you
13 verbally tell whatever doc is on call that week,
14 making the decisions, you'll come back and
15 verbally tell them, hey, you know, I got, you
16 know, a 50-some-year-old male that's got a
17 history of -- and give them the circumstances.
18 Sometimes in passing you'll say, you know, I
19 found a prescription bottle that was, you know,
20 prescribed two weeks ago for 180, you know,
21 oxycodone, or whatever drug, and that's
22 basically the extent of it.

23 Q. Other than that hypothetical
24 example, any other specific interaction that you
25 recall with Dr. -- with whoever was on call in

1 terms of commenting on the appropriateness of
2 that prescription?

3 A. No.

4 Q. Okay. In the course of your
5 investigation, if you saw a case where there was
6 a prescription that you considered to be large,
7 as a layperson, would you -- would you take any
8 follow-up in terms of, you know, talking to
9 family members or any other follow-up to run
10 down the quantity of that prescription?

11 MS. HERMIZ: Objection to form.

12 A. No, other than getting the medical
13 records to document it.

14 Q. Okay. So you would just --

15 A. Yeah.

16 Q. -- note what was on the scene --

17 A. Yes.

18 Q. -- make the standard medical records
19 requests --

20 A. Yes.

21 Q. -- and then leave that to the
22 doctors?

23 A. Yes.

24 Q. Okay. In terms of physicians in
25 Summit County, do you have any information

1 regarding any interactions, if any, Summit
2 County physicians had with any of the Defendants
3 in this case?

4 A. No.

5 Q. Do you know whether any physician in
6 Summit County, in fact, interacted with any
7 defendant in this case?

8 A. Not to my knowledge.

9 Q. Do you know whether any defendant --
10 excuse me. I'll start the question over.

11 Do you know whether any physician in
12 Summit County ever made a medical care decision
13 based on anything any of the Defendants ever
14 said?

15 A. No.

16 Q. Do you know if any physician in
17 Summit County ever changed a patient's protocol
18 based on anything any Defendant in this case
19 said?

20 A. No.

21 Q. Do you know if any physician in
22 Summit County ever relied on representations
23 from any Defendant in this case in identifying
24 which medications to prescribe to their
25 patients?

1 A. No.

2 Q. In the course of running down your
3 investigative files, have you ever determined
4 that one of the Defendants in this case caused
5 the death of a person in Summit County?

6 MS. HERMIZ: Objection to form.

7 A. No.

8 Q. Have you ever come to the conclusion
9 that any Defendant in this case improperly
10 filled a prescription in Summit County?

11 A. No.

12 Q. Have you ever come to the conclusion
13 that any Defendant in this case had opioids
14 improperly secured or stolen from their
15 possession?

16 A. No. I don't even know who the
17 Defendants are, so --

18 Q. Okay. So these are easy questions
19 for you.

20 A. Yeah.

21 Q. Okay. In terms of, putting the
22 Defendants aside, any information or knowledge
23 as to why any physician in Summit County
24 prescribed opioids to any particular patient --

25 MS. HERMIZ: Objection to form.

1 A. I'm not a doctor. I don't
2 prescribe. So, you know --

3 Q. So that's outside of your area?

4 A. That's outside of my area.

5 Q. Okay. With respect to any case file
6 that you've seen where an individual overdosed
7 on illicit drugs, do you have any opinion as to
8 what caused them to use illicit drugs?

9 MS. HERMIZ: Objection to form.

10 A. How they became addicted?

11 Q. Well, let me ask it this way: With
12 respect to any case, have you ever made a
13 medical determination that the patient was
14 addicted?

15 A. Only by talking to family members.

16 Q. And in terms of -- so in that
17 context, have you ever personally diagnosed
18 someone as addicted?

19 A. No.

20 Q. And so when you referenced talking
21 to family members, are you talking about
22 situations where the family members would
23 describe the person as an addict?

24 A. Yes.

25 Q. And so you would note that in the

1 file?

2 A. Correct.

3 Q. Is that the kind of information
4 that, if you received it from family members,
5 would always make it into the file?

6 MS. HERMIZ: Objection to form.

7 A. Yes.

8 Q. So in terms of best practice, if you
9 were investigating me --

10 A. I'm sure, yes.

11 Q. If you were investigating me and my
12 family member said, he was addicted, that's
13 something that you would want to put in my file?

14 A. Correct.

15 Q. Other than reporting -- well, strike
16 that.

17 When you would hear anecdotally from
18 a family member that their deceased was addicted
19 to some substance, would you -- would you
20 question their description, or is that something
21 you would note without questioning?

22 MS. HERMIZ: Objection to form.

23 A. When talking to families, you know,
24 you got some families that willingly talk and
25 give the background. On the other hand, we have

1 other families, you know, that, you know, my
2 son, daughter died of an overdose, that's a
3 stigma, I don't want -- you know, and they'll
4 deny that that person ever had a problem. So
5 you got two, you know, things that we usually
6 hear. One family knew nothing about it, or at
7 least they say they don't, and others that will,
8 you know, give you the whole background.

9 Q. In your experience at the
10 department, you've seen cases where people have
11 had accidental overdoses and they weren't
12 addicted, correct?

13 MS. HERMIZ: Objection to form.

14 Q. People can overdose on any number of
15 substances?

16 MS. HERMIZ: Objection to form.

17 A. Yes. You can overdose on
18 everything.

19 Q. And not everyone who overdoses is
20 addicted, fair?

21 MS. HERMIZ: Objection to form.

22 A. I can't make that diagnosis of
23 addiction. I can't.

24 Q. All right. And, likewise, when you
25 have one of those families that's more

1 forthcoming and wants to talk to you about
2 things, have you ever had a situation where
3 they -- where you question -- where they would
4 say, for example, John was addicted, and you
5 would say, based on the fact presentation, I
6 disagree with them, he was not addicted? Is
7 that your role?

8 A. I don't have the educational
9 background to say whether or not somebody is
10 addicted or not.

11 Q. So regardless of --

12 A. Yeah.

13 Q. All right. Understood.

14 So putting that -- putting that
15 aside, getting back to the question that got us
16 on this exchange, in your role as chief forensic
17 investigator, was there any time, when you're
18 investigating a case in Summit County and there
19 was an overdose of illicit drugs, where you
20 formed an opinion as to why they were using that
21 drug?

22 MS. HERMIZ: Objection to form.

23 A. No.

24 Q. You would treat that case just like
25 any other case, you would collect the facts, you

1 would --

2 A. Yes.

3 Q. -- take the statements if there were
4 any, you would put it in the report, and you
5 would leave those conclusions to medical
6 professionals?

7 A. Correct.

8 Q. Same question with respect to
9 prescription opioids. Any case, in your tenure
10 in Summit County, where you saw evidence that
11 suggested an overdose on prescription opioids
12 where you formed an opinion as to why that
13 person was using that substance?

14 A. Usually if they're getting
15 prescriptions, it's documented in medical
16 records of why, you know. Usually there's, you
17 know, a diagnosis, you have chronic back pain
18 or, you know --

19 Q. Sure.

20 A. -- a work related injury. It
21 explains why they were on the opiates.

22 Q. So you would collect --

23 A. Right.

24 Q. As we've described, you would
25 collect the context and the information

1 available in the medical records, from the
2 family statements --

3 A. Right.

4 Q. -- that would be what it is?

5 A. Yes.

6 Q. Separate from that, was there ever a
7 case where you formed an opinion synthesizing
8 that material and concluded they were using
9 these prescription medications because of X or
10 Y?

11 MS. HERMIZ: Objection to form.

12 A. No.

13 Q. Like illicit substances, you would
14 leave that to Dr. Kohler --

15 A. Yes.

16 Q. -- Dr. Sterbenz? I think you
17 answered before I finished.

18 A. Yes.

19 Q. Okay. Have you ever published any
20 articles in a newspaper or a medical journal?

21 A. Published? No.

22 Q. Okay. Have you ever written any
23 articles dealing with opioids?

24 A. No.

25 Q. Have you ever written any papers or

1 position statements about opioids?

2 A. No.

3 Q. Have you ever been asked by any
4 public health organization to contribute to a
5 research report or a policy report related to
6 opioids?

7 A. You know, other than people calling
8 in and asking for, you know, how many deaths
9 have you had during a certain period of time,
10 that's it.

11 Q. And that's an important distinction.
12 So you've mentioned, and I think we talked about
13 it earlier, you field media inquiries?

14 A. Yes.

15 Q. And sometimes you may be asked to
16 comment on a news story, correct?

17 A. Yes.

18 Q. Or provide public records that
19 someone is going to use for a story they're
20 writing, correct?

21 A. Correct.

22 Q. So putting that aside, has a
23 government group, like the Centers for Disease
24 Control or the FDA or the Office of the United
25 States Surgeon General, ever reached out to you,

1 as a result of your professional experience, and
2 asked you to contribute to some report they were
3 writing?

4 A. No.

5 Q. Do you agree, based on your
6 experience in the field, that Summit County is
7 currently dealing with a heroin epidemic?

8 A. I think things are starting to
9 change. 2015, 2016, 2017, we had huge increases
10 in the number of deaths that we had from, you
11 know, the heroin and fentanyl. Talking with our
12 toxicologist and seeing things, cases getting
13 signed out today, we're seeing a lot more
14 methamphetamines, coke and pure fentanyl, not
15 your analog. I mean, you still get them here
16 and there, but not like 2015, '16, '17.

17 Q. The pure fentanyl that you're seeing
18 today, is that illicit?

19 A. Most of the evidence we bring back,
20 I want to say yes, because it's in powder form
21 and bindles and that. You know, from past
22 experience, I'm used to seeing fentanyl, you
23 know, the patches on the cancer patients and
24 that. That's where I'm used to seeing it, you
25 know.

1 Q. So when you see legal or
2 prescription fentanyl in the course of your
3 work, it's been not in the overdose context but
4 in a cancer treatment patient, a hospital
5 setting predominantly?

6 MS. HERMIZ: Objection to form.

7 A. I can't give you names, but I know
8 we've had cases that come through as overdoses
9 where you do an exam and find that -- you know,
10 you'll find one of those patches in the stomach.
11 So I've seen those patches used, you know, in
12 overdose deaths before.

13 Q. And so I understand that you've seen
14 it. I'm just trying to figure out if it's
15 something you can make a generalization about.
16 If it's not, tell me. But is it generally true
17 that the majority of overdoses that your office
18 determines are attributable to fentanyl over the
19 course of your career has been illicit or
20 illegal fentanyl --

21 A. Yes.

22 Q. -- and fentanyl analogs?

23 A. Yes, especially in the most recent
24 years.

25 Q. Okay. Currently, still seeing

1 carfentanil?

2 A. We are seeing it but not like 2016.
3 That would be more questions to ask the
4 toxicologist.

5 Q. Are you seeing any other illegal
6 drugs currently in a high enough volume that
7 they're notable to you?

8 MS. HERMIZ: Objection to form.

9 A. I'm seeing cocaine a lot more.

10 Q. What I was trying to do was build an
11 exhaustive list. So you mentioned that -- I
12 wrote down methamphetamine, coke and pure
13 fentanyl.

14 A. Yes.

15 Q. Are those kind of the big -- the
16 three most prevalent substances you've seen?

17 A. It seems to be, yes.

18 Q. So going back to my question about a
19 heroin epidemic, if I asked you that question,
20 whether Summit County was dealing with a heroin
21 epidemic in 2015, what would you say?

22 A. That was a big uptick in cases.

23 Q. Was Summit County dealing with a
24 heroin epidemic in 2016?

25 A. Yes.

1 Q. Was Summit County dealing with a
2 heroin epidemic in 2017?

3 A. Yes.

4 Q. Was Summit County dealing with an
5 illicit fentanyl epidemic in 2015?

6 A. I think, starting in 2015, we saw a
7 huge increase in the fentanyl and heroin deaths,
8 so we did see a big uptick in cases.

9 Q. With respect to fentanyl and
10 fentanyl analogs in 2015, would you consider it
11 epidemic -- would you consider epidemic an
12 appropriate description?

13 MS. HERMIZ: Objection to form.

14 A. I think we first saw the first
15 analog, which I believe was carfentanil --
16 again, you'd have to ask the toxicologist, but
17 carfentanil I can remember hitting the 4th of
18 July weekend in 2016, I believe it was.

19 Q. So for 2016, would it be accurate to
20 say Summit County was dealing with a fentanyl
21 epidemic?

22 A. Yes.

23 Q. 2017?

24 A. Yes.

25 Q. With respect to fentanyl, what about

1 2018?

2 A. There is still a large amount of
3 people dying from fentanyl overdoses.

4 Q. I sensed you were shying away from
5 the epidemic label, so let me ask you a broader
6 question. Maybe it will short-circuit some
7 follow-up.

8 In 2018 is there any substance that
9 you've seen leading to overdose deaths in Summit
10 County that you would think is appropriate to
11 describe as an epidemic?

12 MS. HERMIZ: Objection to form.

13 A. I think in pure numbers that we'll
14 see, we are still, you know, going to be -- have
15 elevated numbers, high numbers. They're not
16 going to be like 2016, where we had roughly 340,
17 60 deaths from overdoses, but the numbers are
18 still high, but they ain't at those peak levels
19 that we had in 2016.

20 Q. So is it fair to say that you think
21 Summit County, at least where we find ourselves
22 in 2018, has made progress in combating or
23 reducing those numbers of overdose deaths?

24 MS. HERMIZ: Objection to form.

25 A. If you go by the numbers probably

1 that we have today, we are down from 2016, but
2 I've learned, through the years, it only takes
3 one bad shipment to hit the area, and then we're
4 back at ground zero.

5 Q. And in terms of the numbers that
6 you've seen so far in 2018, would you
7 characterize any of those substances as part of
8 an epidemic for Summit County?

9 A. I think cocaine and methamphetamine
10 is seen in large quantities, of those two drugs.

11 Q. So in 2018 you think Summit County
12 is dealing with a methamphetamine epidemic?

13 MS. HERMIZ: Objection to form.

14 A. I think those drugs are more
15 prevalent in today's -- 2018 than they were in
16 previous years.

17 Q. Was Summit County dealing with a
18 methamphetamine epidemic in 2017?

19 MS. HERMIZ: Same objection.

20 A. I don't think we had the numbers
21 that we do today.

22 Q. What about cocaine; was there a
23 cocaine epidemic in 2017 in Summit County?

24 A. Again, I don't know the numbers.

25 Q. Okay.

1 A. All I can say is there's been an
2 increase in 2018, you know. For the past, you
3 know, three years, everybody has been focused on
4 heroin and, you know, the carfentanils. That's
5 what makes the news. So everybody is focused on
6 that and you kind of put the other drugs in the
7 back of your -- you know, in the rearview
8 mirror, because you're -- keep getting asked on
9 those two drugs, so you kind of stay up on the
10 heroin and fentanyl.

11 Q. Based on what you've told me so far,
12 is it the case that 2015 stands out during your
13 career as a year where there was a notable
14 increase in the number of overdose deaths?

15 MS. HERMIZ: Objection to form.

16 A. That's when we started seeing the
17 uptick. 2016 is the year that stands out that
18 we got hit really hard.

19 Q. So, in hindsight, 2015 was the start
20 of the pattern, but 2016 was the peak?

21 A. Yes.

22 MS. HERMIZ: Objection to form.

23 Q. In the course of your 30-year tenure
24 with the department, have you seen anything like
25 2016 in any prior year?

1 A. No.

2 Q. Prior to 2015, which was the start
3 of it, and 2016, is there any -- any prior year
4 where you would describe Summit County's
5 experience as dealing with an epidemic?

6 MS. HERMIZ: Objection to form.

7 A. No.

8 Q. And that would be true for any
9 substance. So in your 30 years at Summit
10 County, the first time that you witnessed what
11 you would describe as an epidemic that the
12 county was confronting was what you've described
13 in 2015?

14 MS. HERMIZ: Same objection.

15 Q. Is that correct?

16 A. Yes.

17 Q. Okay. Switching gears, have you --
18 and these are just for background. I don't mean
19 to intrude, and I will ask the fewest number of
20 questions possible, okay?

21 A. Okay.

22 Q. Have you ever had experience with a
23 prescription opioid, personal?

24 A. Have I used?

25 Q. Have you used.

1 A. I've had multiple surgeries, yes.

2 Q. Have you ever had a problem with
3 prescription opioid abuse personally?

4 A. No.

5 Q. Has anyone in your immediate family
6 had a problem with prescription opioid abuse?

7 A. No.

8 Q. Have you ever sued a drug
9 manufacturer or a pharmacy or a drug distributor
10 in a personal suit on behalf of yourself?

11 A. No.

12 Q. Has anyone in your family ever had
13 such a suit?

14 A. No.

15 Q. Have you ever been a plaintiff in a
16 personal injury case?

17 A. No.

18 Q. Switching topics again -- we're
19 still -- are you good to go for a little bit
20 before we break for lunch?

21 A. Yes.

22 Q. Okay. I'd like to mark as an
23 exhibit an organizational chart from your
24 department.

25 - - - - -

1 (Thereupon, Deposition Exhibit 1,
2 County of Summit Department of
3 Medical Examiner Organizational
4 Chart Beginning Bates Number
5 SUMMIT_000003815, was marked for
6 purposes of identification.)

7 - - - - -

8 A. Okay.

9 Q. And we'll make this Exhibit 1 to
10 your deposition. And so the way the process is
11 going to work, when I mark documents as
12 exhibits, I'm going to give a copy to your
13 attorney first. I'm going to mark a copy that
14 I'll give you. It's going to have the court
15 reporter's sticker on it. She's going to track
16 these, because she keeps the official record, so
17 don't walk away with the stickered copy or I'll
18 get in trouble.

19 A. Okay.

20 Q. So, Mr. Guenther, have you had a
21 minute to review the organizational chart that's
22 in front of you and marked as Exhibit 1?

23 MS. HERMIZ: Is this just the first
24 page you're having him look at or the whole
25 Exhibit 1?

1 Q. Let me talk about that for
2 background. On this one, I was going to ask you
3 about the first page.

4 A. Okay.

5 Q. It's your right, and I would
6 encourage you, if there is something you haven't
7 seen or something you want to take time to
8 review, you are -- you have an open invitation
9 to review any document I hand you in as much
10 detail as you think is appropriate to answer the
11 question. In the interest of time and paper,
12 sometimes I'll direct you to a particular part.
13 I've tried to include the full version of things
14 as they were produced. I don't know necessarily
15 how they exist in your files. All I have is
16 what we received from Plaintiffs.

17 A. Okay.

18 Q. So that's why sometimes there may be
19 something in an exhibit that I'm not
20 particularly interested in.

21 A. Okay.

22 Q. But if at any point -- you know,
23 there's no trick question in this -- if you want
24 to look at an exhibit, please do, take that
25 time, and I will give you that time whenever you

1 need it. Okay?

2 So my question about this one is, is
3 this organizational chart, in terms of the
4 people that are on there, is that current --

5 A. No.

6 Q. -- because I know this is an older
7 version?

8 A. There's several people on this chart
9 that no longer work at the medical examiner's
10 office.

11 Q. And to make this easier for record
12 purposes, could you -- I'm going to hand you a
13 pen. Could you just cross out, and tell me who
14 you're crossing out, the people that are no
15 longer with the department?

16 A. Okay.

17 Deputy medical examiner, Dorothy
18 Dean; morgue attendant, Charles Vincent;
19 forensic investigator, David Rosa; Mike Halas.

20 MR. CARTER: That's H-a-l-a-s.

21 A. Administrator, Bob Davis; secretary,
22 Jean Hudson; and software analyst, Patrick
23 Gillespie.

24 Q. So those individuals are no longer
25 with the department?

1 A. Correct.

2 Q. Okay. Let me focus on the structure
3 then.

4 A. I'm sorry. I crossed names off as I
5 was going.

6 Q. That's fine.

7 A. Okay.

8 Q. That's what I asked you to do. You
9 don't have to apologize.

10 A. Okay.

11 Q. You followed my instruction.

12 A. Okay.

13 Q. On this version of the organization
14 chart that we've marked as Exhibit 2 -- excuse
15 me, Exhibit 1. It's in tab 2. I referred to
16 the wrong thing. So Exhibit 1. Do you
17 currently have an investigator supervisor?

18 A. Yes.

19 Q. And what is their name?

20 A. Amy Schaefer.

21 Q. And Ms. Schaefer went into that role
22 in 2016 or 2017?

23 A. I'm not sure of the exact date.

24 Q. Was it in that time frame?

25 A. I believe so, yes.

1 Q. Okay. And is that still the kind of
2 direct lieutenant position under you?

3 A. Yes.

4 Q. And is the structure of your unit
5 still the same as indicated on this chart, where
6 there's you, an investigator supervisor, and
7 then a group of forensic investigators?

8 A. Yes.

9 Q. Is there anyone else in the Summit
10 County Medical Examiner's Office who reports
11 through your chain of command?

12 A. No.

13 Q. What is the current number of
14 forensic investigators you have on staff?

15 A. Not including Amy or myself, there's
16 seven.

17 Q. Can I have my pen back?

18 A. Oh, sorry.

19 Q. No. It's okay. Thank you.

20 And how many investigators did you
21 have on staff, not including you and Amy, last
22 year?

23 A. I can't -- I know -- I want to say
24 2015, '16, and '17, we were short-staffed.

25 There was times where we were getting by with

1 five investigators, sometimes even four. We
2 went through that period where we'd hire
3 somebody, get them trained, then they would
4 leave, and we probably went through three or
5 four investigators like that.

6 Q. All right. I want to follow up on
7 that.

8 Other than what you just indicated,
9 2015, 2016, and 2017, any other year during your
10 tenure where you recall being short-staffed in
11 terms of the investigative unit?

12 A. No.

13 Q. With respect to -- I want to -- I'm
14 going to start by breaking those up by year.
15 If, in response, there are generalizations that
16 apply to all those years, you can let me know.

17 In 2015 how -- how short were you?
18 How many were you down?

19 A. At least one.

20 Q. So you say "at least one." What
21 would the maximum be?

22 A. You know, it seemed like we were
23 always short at least one, and, you know, over
24 the past several years, we could be down as many
25 as three, so one to three investigators over the

1 last, you know, three years, four years.

2 Q. So my first question was 2015, but
3 based on your answer --

4 A. Yeah.

5 Q. -- you would say a range of one to
6 three for 2015, '16, '17?

7 A. Yeah.

8 Q. Are you currently understaffed?

9 A. We are fully staffed. It's been
10 less than a year, so our youngest person with
11 the least amount of seniority has still got less
12 than a year under her belt.

13 Q. So the first time that you remember
14 being understaffed in 2015, what were the
15 reasons that -- well, strike that, because I've
16 shifted to another question.

17 You said it felt like you were
18 training people, you would get them ready to go,
19 and then they would leave. When you were
20 understaffed, were you losing and having trouble
21 retaining the newer employees, or did you lose
22 senior employees that had been with you for a
23 long time?

24 A. I want to say -- like Dave Rosa, who
25 is on this chart, I want to say he left in 2015.

1 He retired and went to Puerto Rico.

2 Q. So his departure was in the ordinary
3 course?

4 A. Yeah.

5 You know, when I first was hired in,
6 you know, usually the turnover rate to become an
7 investigator -- well, to become an investigator
8 was very slim, because the turnover rate was
9 non-existent when I first started. I mean, it
10 was somebody had to either -- you know, were 65,
11 70 years old and had to retire or somebody would
12 get sick and have to retire before a job opening
13 came open. These days, you know, we've had
14 them -- had them hire a person, get them
15 trained, then, you know, they get a job at BCI.
16 We had one that left for BCI.

17 Q. And what's BCI stand for?

18 A. That's the Bureau of Criminal
19 Investigation, the State Crime Lab.

20 We've had them leave because, you
21 know, the volume -- they couldn't -- the stress
22 was getting to them, so they left and went back
23 home.

24 Q. On that issue, were those all recent
25 hires, where they got on the job, had the quick

1 experience and realized it wasn't the kind of
2 job they thought it would be?

3 A. Right.

4 Q. Did you have any turnover in 2015,
5 '16, '17 with long-time employees who burned
6 out, so to speak?

7 A. No. Like I said, Dave was the last
8 one to leave, and his mom was already in Puerto
9 Rico so he went to Puerto Rico.

10 Q. In terms of timing, is that -- is
11 Dave's departure when you first had a staffing
12 problem in that you had a hard time getting
13 someone to replace him and stick with it?

14 A. Actually, hiring somebody was the
15 easy part. Retaining them was the hard part.

16 Q. So you haven't had difficulty
17 searching and finding applicants to come in the
18 door?

19 A. Right.

20 Q. But getting them to stick has been a
21 problem?

22 A. Yes.

23 Q. And so you mentioned -- I was
24 starting to write down a list -- some would
25 leave to go to BCI and others would leave

1 because they would burn out --

2 A. Yeah.

3 Q. -- they decided it wasn't the job
4 they wanted?

5 A. Yeah.

6 Q. Any other reasons?

7 A. One was, you know, travel time.

8 Q. Were they new parents or --

9 A. He lived up in one of the suburbs of
10 Cleveland, so actually he -- he's working for
11 the Cuyahoga County Medical Examiner's Office.

12 Q. So he was confused by the map when
13 he applied at Summit?

14 A. Yeah.

15 Q. Any salary issues?

16 A. It's much improved since the last
17 contract, which was signed like a year and a
18 half ago, but prior to that, salary -- I think
19 that's what enticed somebody to go to BCI was
20 they could offer, at the time, a lot more than
21 what we could offer.

22 Q. With respect to the new employees
23 that left in that 2015-2017 time period, can you
24 ballpark how many people you're talking about
25 that you hired, trained and then didn't stay?

1 A. At least four.

2 Q. Four. Would it have been as many as
3 ten?

4 A. No.

5 Q. So four is a good estimate?

6 A. Yes.

7 Q. And so during that time period, what
8 were the circumstances where you would have been
9 down as many as three?

10 A. Personnel-wise, we might not have
11 been down three, but usually when we hire a
12 person, it takes probably a good -- closer to
13 three months to the point where they're able to
14 work by themselves independently. So it's not
15 like, you know -- even though we had six
16 investigators, maybe one of them was still in
17 training and they couldn't, you know -- they had
18 to work with somebody, so --

19 Q. So the person who was mentoring
20 them, so to speak --

21 A. Right.

22 Q. -- would have a drop in their own
23 efficiency --

24 A. Right.

25 Q. -- because they've got additional

1 weight?

2 A. Right.

3 Q. And so -- all right. So you would
4 have a hard time getting through that training
5 period where then the person that was training
6 them could get back to their full capacity?

7 A. Right.

8 And just to give you an idea, say
9 I'm an investigator. I quit today. It's
10 usually going to take the county at least, by
11 the time the interview process is over and
12 everything, over two months before I physically
13 have my replacement in my office. Then you got
14 to train that person another close to three
15 months before they can function on their own.
16 So we're talking about, you know -- by the time
17 somebody quits -- six months before somebody is
18 actually able to cover a shift by themselves.

19 Q. Would new recruits have any required
20 training before they would show up in your
21 office?

22 A. Most of our recent hires have at
23 least a Bachelor's degree. Most of them are
24 straight from some college, have at least a
25 Bachelor's degree. I got several that's got

1 Master's degrees in, like, forensic science
2 background, so they got the -- I call it the
3 book knowledge. It's just --

4 Q. But there isn't -- there isn't a
5 county training program or --

6 A. No.

7 Q. -- a medical examiner boot camp --

8 A. No.

9 Q. -- or anything?

10 Okay. And then you said that you
11 train them up once they arrive, correct?

12 A. Correct.

13 Q. What -- give me an overview of the
14 training program that you provide when -- I come
15 in as a new recruit. What can I expect?

16 A. Okay.

17 Usually, you know, you're going to
18 be placed on day shift, and Amy does -- she's
19 great at training. My patience is gone. So Amy
20 does most of the training. And usually the
21 investigator, at first, will just get to know
22 the office and kind of the procedures that we
23 have. They'll listen to another investigator
24 take phone death calls, like in-patient hospital
25 death calls and that. They'll go to the death

1 scenes with an investigator, at first just to
2 observe and watch how things are done.

3 And as time goes on, you know, you
4 give them a little bit more responsibility at
5 each death scene that you go to. So, you know,
6 the first couple, you might just go and watch.
7 The second one, or third or fourth one, you
8 might go and do the photography. And you just
9 add on more and more responsibilities as you go
10 on.

11 Q. In approximately three months, in
12 the standard course, a recruit is able to then
13 go out on a shift by themselves?

14 A. Yeah. Now, I've had people come in
15 that's had law enforcement background, like
16 being a previous police officer somewhere, and
17 it's taken less time. The biggest -- biggest
18 learning curve that the new investigator has is
19 learning the medical terminology and that,
20 because, you know, you get these hospital
21 doctors or nurses calling in death reports and
22 they're using those long medical words and that.
23 It takes a while to get used to being able to
24 write those down and know what the meanings are.

25 Q. Sure.

1 In that time period where you were
2 short-staffed, were there any investigators that
3 you had to fire because of performance issues?

4 A. Yes.

5 Q. How many times did that happen?

6 A. Just once.

7 Q. And what was the performance issue
8 with that person?

9 A. Dr. Kohler kind of handled that,
10 but, you know, from my standpoint, it was report
11 writing, documenting things properly. I mean,
12 he'd have reports where, you know, they were all
13 being reviewed because he was still on his
14 probation period, but he would have, like, a
15 death scene in Stow, but he would have, like,
16 the Akron Fire Department responding, so he
17 would get names and that mixed up.

18 And he had a hard time dealing -- it
19 was hard for him to talk to families. I mean,
20 that's not the easiest job in the world,
21 especially -- you know, that's the worst day of
22 their lives and they're trying to answer
23 questions and that, or making death
24 notifications.

25 Q. How long --

1 A. It never gets easy.

2 Q. I'm sorry. I didn't mean to
3 interrupt.

4 How long was that gentleman with the
5 department before he was let go?

6 A. I want to say four, five months, if
7 not even six. I'm not sure.

8 Q. Did he ever make it beyond the
9 probationary period?

10 A. No.

11 Q. In terms of probationary period, do
12 you refer to -- is that a formal term of art,
13 where until they're able to go out on their own,
14 they're a probationary investigator?

15 A. Yeah. Usually, yeah.

16 Q. Okay. When a probationary
17 investigator completes the write-ups for the
18 unit, does it note -- you know, when they sign a
19 report, do they sign something as like, you
20 know, probationary or pending?

21 A. No.

22 Q. You just know that they are
23 probationary?

24 A. Yes.

25 Q. What was that individual's name who

1 you had to let go?

2 A. Clarence -- what was his last name?

3 Q. Dorsey?

4 A. Dorsey, who was a police officer for
5 30-some years with Akron.

6 Q. Okay. So for whatever reason, he
7 had a hard time transitioning --

8 A. Yeah.

9 Q. -- to your line of work?

10 A. Yes.

11 MR. CARTER: It's a little bit
12 before noon. I'm happy to keep going, or we can
13 break for lunch.

14 THE WITNESS: Let's take a break.

15 MR. CARTER: Take a break, all
16 right. We're going to go off the record.

17 THE VIDEOGRAPHER: Off the record,
18 11:56.

19

20 (Luncheon recess taken.)

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

THE VIDEOGRAPHER: On the record.
The time is 12:19.

- - - - -

AFTERNOON SESSION
CONTINUED EXAMINATION OF GARY GUENTHER
BY MR. CARTER:

Q. Did you have an okay lunch?

A. Yes.

Q. Ready to continue?

A. It's nap time.

Q. I know you're kidding, but if you
need a break for any reason, or if you get
uncomfortable, let me know, okay?

A. Okay.

Q. All right. Picking up where we left
off, talking about some of the staffing in your
department over the years, what's a typical
workload on an hourly basis for the
investigators in your department?

A. It changes daily. I mean, there's
days where an investigator will come in during
an eight-hour shift and just take a few death
calls over the telephone, not have to go out
anywhere, no scene work to do. There's been

1 other times -- other days, you know, you're
2 working a shift and you've got, you know, two,
3 three, four scenes in one -- one shift. So it
4 varies from day to day.

5 Q. In terms of hours, and just the
6 normal requirement, what -- how many shifts do
7 you have? And then I'll follow up in terms of
8 how many hours they last and what a typical
9 workweek looks like in terms of number of hours.

10 So the first question is, how many
11 shifts do you organize the investigators into?

12 A. The investigators have three shifts.

13 Q. And what are those shifts?

14 A. We just changed them. 11 p.m. to 7
15 in the morning, then 7 to 3, then 3 to 11.

16 Q. So three eight-hour shifts?

17 A. Yes, sir.

18 Q. When was it that you made that
19 change to the current division?

20 A. It's been within the past year.

21 Q. Prior to that, what was the shift
22 arrangement?

23 A. It was still three shifts, but it
24 was moved up an hour, so it was, like, 8 to 4, 4
25 to midnight, midnight to 8.

1 Q. And how long was it the 8 to 4, 4 to
2 midnight --

3 A. As long as I can remember.

4 Q. So sitting here today, to your best
5 recollection, there are only -- there have
6 always been three eight-hour shifts and you're
7 just now in the second version?

8 A. Yes.

9 Q. So for a typical investigator -- so
10 putting aside you as chief. I'll come to you
11 next.

12 A. Okay.

13 Q. For one of the just basic forensic
14 investigators, how many shifts do they work a
15 week?

16 A. They work five days, unless they,
17 you know, call off sick or take vacation time.
18 So everybody is scheduled five eight-hour shifts
19 out of seven days.

20 Q. So it's a 40-hour workweek?

21 A. Yes.

22 Q. And if for some reason they do more
23 than that, that's when overtime is triggered?

24 A. Yes.

25 Q. Okay. How are the shifts

1 distributed in terms of the five-day workweek?

2 If I'm one of your investigators, do I -- well,
3 what do you call them? So what's the 11 to 7
4 overnight shift?

5 A. I call them night shift, day shift,
6 and afternoon shift.

7 Q. Okay. So then how do you spread out
8 night, afternoon and overnight shift in terms of
9 a normal week? Could someone work different
10 shifts in one week, or do you work the same
11 shift for a week?

12 A. Amy does the schedules, but normally
13 day shift and afternoon -- or day shift and
14 night shift usually -- there's two investigators
15 on each shift, and we got one that kind of goes
16 in between day and afternoons, swing shift I
17 call it, which we just started since we're full
18 time. But night shift and day shift, both
19 investigators work Monday, Tuesday, Wednesday.
20 One is off Thursday, Friday, the other one works
21 Thursday Friday, and the one that was off
22 Thursday, Friday works the weekend. And usually
23 they alternate weekends off.

24 Q. Is there anyone that is constantly
25 on the overnight shift?

1 A. It's bid per the union contract each
2 year, and it goes by seniority. So the person
3 with the most seniority gets first choice, so
4 usually midnight shifts -- well, I got one
5 that's been -- he enjoys it. He's been there
6 over 20 years. But usually the midnight shift
7 is low man or woman on the totem pole.

8 Q. So the shifts all pay the same?

9 A. Except for afternoons and midnights,
10 the actual salaries are the same, but you get a
11 shift differential of, like, 30 cents per hour
12 for working the afternoon, midnight shifts.

13 Q. All right. When folks come in for
14 their shift, do they punch a timecard, is there
15 an hour log? How do you track --

16 A. We got a Kronos system, so they
17 swipe their card.

18 Q. How long have you had that system?

19 A. I want to say close to ten years. I
20 believe. I'm not sure on dates --

21 Q. Sure.

22 A. -- but it's been --

23 Q. Have you had --

24 A. -- a while.

25 Q. I'm sorry. I didn't mean to talk

1 over you.

2 Have you had it the entire time that
3 you've been chief?

4 A. No. Well, I believe so, yes.

5 Q. Prior to the Kronos system coming
6 in, how was it tracked?

7 A. Basically, it was the honor system.
8 You showed up on your shift and stayed your
9 shift. You worked over. You turned in the
10 slip.

11 Q. So prior to that there wasn't an
12 old-fashioned punch card?

13 A. No. No.

14 Q. Do you keep the time records from
15 1995 to 2000, or do you -- do you know what
16 period --

17 A. Downtown might have it. I don't
18 have those.

19 Q. Is that something you oversee in the
20 course of your role as chief in terms of --

21 A. Everything now is through the Kronos
22 system, so it's all -- I mean, it's on the
23 computer, so --

24 Q. As chief, do you have to approve
25 overtime requests?

1 A. Yes, but there has been occasions
2 I'd go to Dr. Kohler and say, hey, you know,
3 so-and-so is going out sick or going to be out
4 sick for X amount of days, he's scheduled to
5 work by himself these days. Is it okay to offer
6 up overtime for those shifts? So stuff like
7 that I will get approval from doc, Dr. Kohler.

8 Q. On those occasions do you recall an
9 instance where Dr. Kohler refused to approve it?

10 A. No.

11 Q. So she defers to you in terms of
12 what the need is for your unit?

13 A. Yes.

14 Q. What are your current shift
15 obligations?

16 A. Mine, Monday through Friday, usually
17 7:30 a.m. to 4 p.m.

18 Q. Do you go out and do scene
19 investigations still?

20 A. Yes, but not like -- not the volume
21 that a regular investigator --

22 Q. Did you go to that lower volume
23 level at the time that you became chief?

24 A. You know, a regular investigator,
25 I'd say I handled, you know, 150 cases a year, a

1 hundred cases.

2 Q. Is that typical for a regular
3 forensic investigator?

4 A. Yes. Some do -- it depends on what
5 shift. Midnights, you know, you get your more
6 traumatic type deaths, homicides and that, on
7 midnight shift, but you don't get the volume,
8 the numbers that you usually do on afternoons
9 and day shift. So you're up here as an
10 investigator. Then I went to investigator
11 supervisor. It dropped off some because I was
12 doing more of your administrative-type stuff.
13 Then when I became chief investigator, it even
14 dropped more.

15 Q. All right. So as chief
16 investigator, what are the circumstances where
17 you would personally go out into the field on
18 site?

19 A. There are times, like this past
20 Saturday, I covered day shift. My day shift
21 investigator had a death in his family, so he
22 called off at the last minute and I couldn't
23 find an investigator to cover, so I covered it.

24 Q. So one circumstance is you pitch in
25 if there's a need --

1 A. Yes.

2 Q. -- and someone else can't cover it?

3 Are there other circumstances where
4 you would come in?

5 A. Oh, yeah. If -- if I'm working and
6 say I've got two regular investigators there, or
7 just one, if it's on a Thursday, and they're out
8 on a death scene and another call comes in, I'll
9 take those calls.

10 Q. So other than kind of pinch-hitting
11 when you're the only one manning the station --

12 A. Right.

13 Q. -- are there times where a case is
14 complex or unique, where you come in because
15 you're the most experienced, or is it really
16 just a need-based coverage?

17 A. It's just a need base. Like, I've
18 done it in the past where an investigator has
19 questions on one of their cases, or if it's a
20 big case, I'll go to the death scene and maybe
21 assist, but I won't -- you know, that
22 investigator is still taking the case.

23 Q. Okay. So you never can think of a
24 situation when you were chief where you had an
25 investigator available and assigned but where

1 you took the case away because --

2 A. Right.

3 Q. -- it was a certain type of case --

4 A. Right.

5 Q. -- that you needed to handle?

6 A. Right.

7 Q. That's never happened?

8 A. No.

9 Q. Okay. In terms of jurisdiction of
10 the office -- and we discussed some of this with
11 Dr. Kohler, so I won't go through it all with
12 you, but just some general points. Not every
13 death in Summit County falls within the
14 jurisdiction of the medical examiner's office,
15 correct?

16 A. Correct.

17 Q. And of the set that does fall
18 within, when those -- when a death is reported,
19 who answers the phone at the office?

20 A. If it's when the office is open,
21 like day shift, the secretaries would answer the
22 phone.

23 Q. Okay. What if it's overnight?

24 A. From -- the office technically
25 closes at 4, so 4 p.m. to 7:30 the next morning

1 it's only staffed by investigators.

2 Q. So if a call comes in, it would be
3 answered by an investigator --

4 A. An investigator.

5 Q. -- when it's not normal business
6 hours?

7 A. Right. Now --

8 Q. Go ahead.

9 A. -- there are times like -- I know a
10 couple of investigators, like if they're working
11 by themselves on midnight, they get a call, say
12 a homicide, so they go to the death scene; while
13 they're out, sometimes they'll transfer the
14 phones to the sheriff's office, have them
15 answer, and get in touch with them only in cases
16 of emergencies. Like if, while they're out, a
17 hospital calls in to report a death, they're not
18 going anywhere, so the sheriff's office usually
19 will tell them, hey, let me get your name and
20 number; when he gets back to the office, he'll
21 call you back.

22 Q. And that scenario is one that is
23 provided for in the manual, right?

24 A. Yes.

25 Q. There are guidelines as to what

1 employees are supposed to do if they're the
2 person on call and gets called into the field?

3 A. Right.

4 Q. And one of those is to tell people
5 where they are and --

6 A. Right.

7 Q. -- leave contact information,
8 correct?

9 A. Yes.

10 Q. So during normal business hours a
11 call comes in, fielded by one of the
12 secretaries; does it immediately go from the
13 secretary to one of the investigators?

14 A. Right.

15 Q. For the cases where the office
16 accepts jurisdiction --

17 A. Okay.

18 Q. -- even for those cases, there is
19 not an on-scene visit for every one of those, is
20 there?

21 MS. HERMIZ: Objection to form.

22 Q. Let me reask it in a less negative
23 way.

24 Do you send a scene investigator to
25 every case that the Summit County Medical

1 Examiner's Office accepts jurisdiction?

2 A. If they die outside of a facility?

3 Q. Yes.

4 A. Yes.

5 Q. Okay. So every time they don't die
6 in a hospital or a medical care facility --

7 A. If it's a case, or suspected case,
8 one of the investigators will go.

9 Q. And so if someone dies and they're
10 not in a facility, it's never the case where
11 police or fire or some other first responder
12 would transfer the body before an investigator
13 from your unit has made it there?

14 A. Correct.

15 Now, there might have been an
16 exception somewhere along the road at one time,
17 but 99.9 percent of the time, an investigator
18 has got to go to a scene and do a scene
19 investigation if the case sounds like it's
20 falling underneath our jurisdiction.

21 Q. And they go out there while the body
22 is still there?

23 A. Correct.

24 Q. Okay. In terms of -- switching
25 gears a little bit, we talked about that one

1 gentleman, Mr. Dorsey, who you had to let go.
2 Have you ever had a situation where you had to
3 discipline someone in the unit because they were
4 mishandling evidence or personal property that
5 was collected on the scene?

6 A. No.

7 Q. So you've never had a situation
8 where, you know, cash or some kind of personal
9 property that was unclaimed by next of kin,
10 where that was misused?

11 A. No.

12 Q. And you haven't had a situation
13 where --

14 A. Not that I'm aware of.

15 Q. Understood. That's a limit to all
16 your answers.

17 You haven't had a situation where
18 narcotics have been taken from an employee out
19 of custody?

20 A. No.

21 Q. Have you ever had a situation where,
22 not because it went to some employee, but where
23 you've lost track of scene evidence that was
24 collected, where it just gets misplaced?

25 A. No.

1 Q. What do you do -- I saw in the
2 manual the procedures for maintaining and then
3 eventually distributing property, unclaimed
4 property, how that process works. What do you
5 do with medications that were collected once
6 they've been handled in terms of any toxicology
7 testing? How do you dispose of them?

8 A. Once -- you know, once the
9 toxicologists say no need to -- so they're
10 originally locked up in the investigator area.
11 There's a file cabinet with padlocks that --
12 they lock them up there.

13 Q. Are they key padlocks or code?

14 A. Key.

15 Q. Who has the key?

16 A. Just the investigator.

17 Q. So you and the people in your
18 department --

19 A. Right.

20 Q. -- all have access to that?

21 A. Right.

22 Q. All right. Please continue. Then
23 what do they do?

24 A. Once all that's done, I will take
25 that evidence, log them into the computer

1 system, and they're locked up in a back storage
2 room inside of a locked cage. Six months after
3 the date or the case has been signed out, so,
4 you know, signs out a case today that had
5 prescriptions, six months from now, I can get a
6 court order. Then I turn those prescription
7 drugs over to Akron Police, and they do the
8 destruction.

9 Q. And so before you transfer custody,
10 you always have to get a court order?

11 A. Yes. For the prescriptions, yes.

12 Q. What about for the illegal drugs?

13 A. For the powders, syringes and that
14 type of stuff, yes.

15 Q. Court order?

16 A. Court order, yeah.

17 Q. And they go to the same locked file
18 cabinet?

19 A. Yes.

20 Q. Have you -- I'm sorry. Go ahead.

21 A. But for the sake of things, I
22 usually do two, you know -- get rid of
23 evidence -- get two court orders per year, so
24 one towards the beginning of the year and one
25 towards the end of the year, so I do it usually

1 twice a year.

2 Q. So you do a couple big sweeps --

3 A. Yeah.

4 Q. -- instead of every six months when
5 something comes due?

6 A. Yeah.

7 Q. Have you ever had someone outside
8 the office steal something from the cabinet?

9 A. Not that I'm aware of. Not to my
10 knowledge.

11 Q. Has anyone ever done an audit of the
12 medical examiner's office and told you that you
13 need to do, you know, a different procedure for
14 the storage and safekeeping of those narcotics?

15 A. The county has a division, the
16 internal audit divisions, and they audit not
17 just our office but all offices, and go over
18 procedures and that, so they've been in a couple
19 times.

20 Q. Are you aware of any changes that
21 they've required with respect to the custody and
22 secure-keeping of narcotics?

23 A. Somewhat better counts, because say
24 if I go to a death scene, I bring back, say, ten
25 prescription bottles of miscellaneous pills. So

1 we got a form to fill out each time
2 prescriptions are brought back, you know, that
3 lists where it was filled, how many, who
4 prescribed it and so forth; so, you know, you'll
5 have the original amount prescribed, say 30, and
6 then how many left, so you got to count how many
7 pills are in there. A lot of times, you know,
8 especially on afternoons and midnights, you
9 bring back several bottles of prescriptions and
10 you're counting and the phone rings, so you're
11 in the middle of a count and the phone rings,
12 and you take that phone call. If it's a death,
13 it could be ten minutes on the phone, or, you
14 know, if it's family calling in, it could be
15 five minutes or so. Then you go back and start
16 that count again where you thought you left off.

17 So, you know, they just kind of
18 said, watch your counts, and maybe sometimes two
19 people count, which is nearly impossible,
20 because sometimes you only got one person.

21 Q. So you remember the audit committee
22 has -- has made suggestions --

23 A. Right.

24 Q. -- to increase the accuracy of your
25 inventory?

1 A. Yeah.

2 MS. HERMIZ: Objection to form.

3 Q. Any other recommendations that come
4 to mind?

5 A. No.

6 Q. Have you had the same, you know,
7 padlock procedure during the time that you've
8 been there?

9 A. No. We got these -- when did we
10 move? I want to say mid to -- '96, '97 we moved
11 into the facility we're at now from an older
12 building, so we put the file cabinet up in the
13 investigator's area, so, you know, things like
14 that changed when we made the move.

15 Q. So that's been in place for about 20
16 years --

17 A. Yes.

18 Q. -- and change?

19 A. Yes.

20 Q. Prior to that what was the system,
21 if you remember?

22 A. At the time I think it was just give
23 it to the chief investigator and he locked it
24 up, at the time.

25 Q. And you weren't the chief at the

1 time?

2 A. No. No. And I think that was
3 before we even had computers, so back -- when I
4 first started, it was all stuff done up by
5 typewriter or handwritten. So I'm not even sure
6 of the procedure, because you couldn't log it
7 into the computer database back then, so I'm not
8 sure what --

9 Q. In terms of the database, what
10 database system does the office use in terms of
11 things that you interact with as the chief
12 investigator?

13 A. Just so you know, this database was
14 made in-house, so it's kind of built from
15 within, and the person who developed it is
16 retired.

17 Q. Was that Mr. Gillespie?

18 A. Yeah.

19 You got your case database system,
20 where you look up a name or a case and get the
21 demographics. You get the tox results, if
22 they're in there. You can look at the autopsy
23 protocol, the investigation report, and -- so
24 that one I use.

25 Q. Do all your field investigators have

1 access to that?

2 A. Yes.

3 Q. Do they all use it?

4 A. To look up cases, yes.

5 Q. What other databases do you use?

6 A. So that database only has cases in
7 it. I call it the red book database, which
8 every death that's reported should be logged
9 into that. It just gives the date, name of the
10 person, time of -- where they died at and time
11 of pronouncement. And, you know, there's boxes
12 you check off, autopsy, referral, which means
13 not a case, case, scene visit. Then there's the
14 statistics, which shows your stats for the year
15 for whatever number of dates you punch in.

16 Q. That's all in the red book, what you
17 call the red book database?

18 A. No. This is -- the stats is --

19 Q. Is separate?

20 A. That you can actually get off from
21 the case database system.

22 Q. Okay. Sorry. You lost me. See,
23 there's --

24 A. You can get stats from the case
25 database system.

1 Q. You can?

2 A. Yes.

3 Q. Is there another source to get
4 statistics?

5 A. No.

6 Q. Okay. So when you said the red book
7 database, that's the case database?

8 A. Yeah, but it also shows referrals,
9 and that's just a log of who's called, what
10 deaths have been reported.

11 Q. Okay. So within that same database,
12 there are other ways you can query it to pull
13 statistics?

14 A. In the case database there's a
15 button that says "statistics," so I hit that
16 button --

17 Q. So it's very user friendly?

18 A. Yes -- punch in the date or dates,
19 and you ask what limited questions -- you know,
20 what types of cases.

21 Q. So it's able to search the
22 database --

23 A. Yeah.

24 Q. -- and produce statistics?

25 Okay. Do your investigators have

1 access to the statistics function in that case
2 database?

3 A. I want to say yes, they have that
4 function, but they -- I don't know if they use
5 it.

6 Q. And I think as you indicated before
7 lunch, if there is a public or a media inquiry
8 for statistics, that's something that you field
9 as opposed to your line investigators typically?

10 A. Yeah. Myself or Dr. Kohler, or even
11 sometimes Amy will field those.

12 Q. All right. Prior to Mr. Gillespie
13 building the case database, what did you use?
14 Was there a red book? Is that why it's called
15 the red book case database?

16 A. We had an old -- old ledger books
17 that the secretaries filled in. One was labeled
18 homicide. One was labeled accidental. So as
19 doctors were finalizing cases, they'd go to --
20 you know, if it was ruled a homicide, they would
21 go to a homicide book and put the information
22 down. So it was all -- before the database,
23 there was a lot of physically looking at stuff
24 in books.

25 Q. There was no statistics button?

1 A. No.

2 Q. When did the database come into
3 place, to the best of your recollection?

4 A. I want to say mid-'90s, but, you
5 know, like stats wasn't added until at a later
6 point. I can't tell you when, but that stats
7 button that I like wasn't added until, you know,
8 later on in the process.

9 Q. So it was improved and updated over
10 the years?

11 A. Yes.

12 Q. Okay. All right. Other than that
13 case database, are there any other manual or
14 electronic databases that you access in the
15 course of your work?

16 A. You know, I got a section where you
17 can look up numbers for, like, police
18 departments or fire departments, hospital
19 numbers and that.

20 Q. And separate than the internet?

21 A. Yeah. It's -- call it the phone
22 database.

23 Q. Appropriately named.

24 A. Yeah.

25 Q. And then there's that Kronos system

1 we talked about?

2 A. Right.

3 Q. Any other electronic databases that
4 you use?

5 A. Not that I can recall.

6 Q. When was the last time you
7 personally looked at the statistics for overdose
8 deaths?

9 A. Oh, God. A month or two ago.

10 Q. Do you remember -- what was the
11 reason you did it?

12 A. Somebody asked how many suicides
13 we've had and if we've had more suicides than
14 overdoses this year.

15 Q. Do you remember who asked?

16 A. No.

17 Q. Do you remember what the answer was?

18 A. At the time we were running neck and
19 neck I think, suicides and overdoses.

20 Q. Okay. Was that unusual in terms of
21 the volume of suicides?

22 A. Suicides seemed to be on the uptick
23 in the past year.

24 Q. In terms of procedure for
25 designating something as a suicide versus an

1 accidental overdose, and I think I know the
2 answer based on earlier, but let me just ask you
3 -- so here's my question. Do you make
4 recommendations or suggestions to the attending
5 doctors as to whether something is a suicide or
6 an accidental overdose?

7 A. The investigator will go out and
8 gather all the information, you know, records
9 and so forth, and gather information at the
10 scene. I'm sure the investigators relay their
11 opinions to whatever doctor when they run the
12 case by them, but, ultimately, it's up to
13 Dr. Kohler or Dr. Sterbenz to make that
14 determination what the manner of death is.

15 Q. In terms of office protocols, given
16 the stigma associated with suicide, is it fair
17 to say suicide deaths are not overreported?

18 MS. HERMIZ: Objection to form.

19 A. I don't know what you mean by
20 overreported.

21 Q. Sure.

22 If there's a close call, is the --
23 is the protocol to err on the side of calling
24 something a suicide or calling something an
25 accidental death?

1 MS. HERMIZ: Same objection.

2 A. To rule it a suicide, Dr. Kohler, I
3 believe, has got to have greater than a certain
4 percentage of, yes, this is a suicide. If a
5 case doesn't meet that threshold, she's got two
6 options, and usually that's either rule it
7 accidental or undetermined.

8 Q. Okay.

9 A. And that's what I've -- I can go by
10 from what I've seen in the past, but again,
11 that's the doctor's -- the doctor's call.

12 Q. So you're not aware of, in your
13 experience, a situation where the evidence from
14 the investigator's perspective was inconclusive
15 but then you saw the final report come down from
16 Dr. Kohler or Dr. Sterbenz and it said suicide?
17 You don't remember a case like that?

18 MS. HERMIZ: Objection to form.

19 A. Not offhand, no.

20 Q. Okay. In terms of your training and
21 background, do you have any background in the
22 manufacture of prescription opioids?

23 A. No.

24 Q. Any background or understanding of
25 the role of a drug distributor as it pertains to

1 prescription opioids?

2 A. No.

3 Q. Any background or training in the
4 role of a pharmacist filling prescriptions for
5 opioids?

6 A. No.

7 Q. We've talked about OARRS and how the
8 doctors have access to that. Have you ever
9 heard of a database called ARCOS?

10 A. ARCOS? No.

11 Q. It stands for Automated Reports and
12 Consolidated Ordering System.

13 A. No.

14 Q. So that's nothing you're familiar
15 with --

16 A. No.

17 Q. -- or nothing you've ever used?

18 A. That's one I've never seen.

19 Q. Okay. In the course of your
20 investigation, when you come across evidence of
21 a prescription, have you ever run medical record
22 searches for surrounding states? Have you ever
23 checked Pennsylvania, Michigan, Indiana, West
24 Virginia, Kentucky?

25 A. I'm sure there's been cases where,

1 you know, we go to a scene, find a deceased
2 person, and find out that, you know, that person
3 has only been living there for, you know, a
4 short amount of time and found out previously
5 they lived in, say, you know, one of the
6 surrounding states. Find a city. I'm sure
7 we've made phone calls to, like, the local
8 hospital and that to see --

9 Q. So putting aside a situation where
10 there's some obvious context clue that points in
11 the direction of Pennsylvania, for example --

12 A. Right.

13 Q. -- since that's the closest to this
14 area, you know, someone who just moved here from
15 Pennsylvania, if it's just a regular
16 prescription opioid case in Summit County, would
17 you run Pennsylvania records to see if they had
18 prescriptions from Pennsylvania?

19 A. What I can see happening on a case
20 like that is you got the prescription, you'll
21 have the name of the prescriber on that script,
22 so we'll call up that physician who prescribed
23 that and order records from that office.

24 Q. And then that process is what we
25 talked about before lunch in terms of you would

1 call, request records and --

2 A. You know, sometimes they say, hey,
3 yeah, that's fine, just send us something in
4 writing, and we fax over a request. Sometimes
5 you talk to them, you know, hey, I'd like
6 records on Jane Smith. Oh, sure. What's your
7 fax number? And they'll send them right over.

8 Q. But you wouldn't do one of those
9 cold calls where you said you would check with,
10 you know, area hospitals?

11 A. Yeah.

12 Q. You would never check Erie,
13 Pennsylvania?

14 A. No.

15 Q. Okay.

16 A. At least I wouldn't.

17 Q. All right. Are you familiar with
18 the National Academy of Medical Examiners?

19 A. NAME?

20 Q. Yes.

21 A. Yes.

22 Q. Do you -- how do their guidelines
23 impact your role as chief forensic investigator,
24 if at all?

25 A. I got to make sure the investigators

1 maintain -- at least the majority of them
2 maintain their ABDMI {sic} certification. Most
3 of that is -- a lot of it is records -- yeah,
4 procedures and records and that, that, you know,
5 Dr. Kohler -- and at the time when we first got
6 certified, Dr. Dean was at our office. They did
7 all the work with NAME.

8 So from an investigator standpoint,
9 you know, we might have been told, hey, we need
10 to do this because -- to maintain our
11 certification with NAME, but that's the extent
12 of it.

13 Q. Do you recall any situation where
14 one of the attending physicians told you, we
15 need to change some aspect of our investigative
16 protocol, not a licensing thing, but we need to
17 actually do it a different way to follow a NAME
18 guideline?

19 A. I can't recall that.

20 Q. Okay. Do you have any understanding
21 as to how narcotics are classified by the
22 federal government?

23 A. No.

24 Q. So in terms of what's a controlled
25 substance, that's not your area?

1 A. That's not my area.

2 Q. Okay. Other than the situations you
3 described before lunch where, you know, a board
4 of medicine or a board of pharmacy may request
5 public records from your office, other than
6 that, have you had any interaction with the
7 board of pharmacy in Ohio?

8 A. No.

9 Q. Have you ever referred a physician
10 or a pharmacy to the Ohio Board of Pharmacy?

11 A. Me personally, no.

12 Q. Have any of your investigators, to
13 your knowledge, made such a report?

14 A. Not to my knowledge.

15 Q. Have you had any interactions with
16 the Ohio Board of Medicine other than them
17 asking for public records from your office?

18 A. No. Usually how we come in contact
19 with those agencies is they initiate the contact
20 with us.

21 Q. They want something from you?

22 A. We don't go out and, you know -- to
23 them. They usually come to us with requests.

24 Q. So during your time you've never
25 referred a physician or a medical --

1 A. No.

2 Q. -- provider to the Ohio Board of
3 Medicine?

4 A. No.

5 Q. And, to your knowledge, none of your
6 line investigators have?

7 A. No.

8 THE VIDEOGRAPHER: Can we take a
9 break so I can change the video real quick?

10 MR. CARTER: Of course.

11 THE VIDEOGRAPHER: Going off the
12 record at 1:37.

13 (Recess had.)

14 THE VIDEOGRAPHER: We're back on the
15 record, 1:42.

16 BY MR. CARTER:

17 Q. Switching gears again, a general
18 question. Do you believe that opioids should be
19 eliminated and not available for prescription?

20 MS. HERMIZ: Objection to form.

21 A. No. I believe there are people that
22 legitimately need, you know, opiate pain relief.

23 Q. So fair to say you agree that
24 residents of Summit County should have access to
25 prescription opioids for pain management through

1 doctors and pharmacies?

2 MS. HERMIZ: Same objection.

3 A. For medical needs, yes.

4 Q. Okay.

5 MS. KEARSE: And I'll just remind
6 counsel, we are here as a fact witness, so we've
7 given a lot of leeway, but this is a fact
8 witness deposition, not necessarily for his
9 opinions based on the county's position on
10 things.

11 Q. And, as you indicated, you
12 personally have been prescribed and used
13 prescription opioids, correct?

14 A. Yes.

15 Q. I want to go through a couple of
16 additional exhibits, so we're going to mark the
17 next exhibit as Exhibit 2.

18 - - - - -

19 (Thereupon, Deposition Exhibit 2,
20 E-Mail from Tracy Guenther to Gary
21 Guenther dated April 19, 2016
22 Beginning Bates Number
23 SUMMIT_000201548, was marked for
24 purposes of identification.)

25 - - - - -

1 MR. CARTER: Do you want another
2 copy, Anne?

3 MS. KEARSE: Yes.

4 Q. All right. I have marked as Exhibit
5 2 an e-mail chain with an attachment. The Bates
6 number for production is SUMMIT_000201548. And
7 while I'm doing that, let me, just to make
8 everyone's life easier on the record, Exhibit 1
9 that was previously marked is SUMMIT_000003815
10 through 3825. And Exhibit 2, the Bates continue
11 two pages, ending in 201550.

12 Mr. Guenther, have you seen what
13 I've marked as Exhibit 2 before?

14 A. Yes.

15 Q. Okay. And this appears to be an
16 e-mail. Is that your wife?

17 A. That's my wife.

18 Q. So she's transmitting to you an
19 attachment that's a paper, correct?

20 A. Probably typed this at home on the
21 home computer, because that's her home e-mail.

22 Q. Okay. And we'll get there. I'm
23 just going to go through some real basic stuff.

24 A. Okay.

25 Q. The date on this is April 19th,

1 2016, on the e-mail, correct?

2 A. Yes.

3 Q. All right. And so, then, page 2 of
4 the exhibit is an attachment that is indicated
5 in the e-mail as your paper. So can you
6 describe for me, what is this page 2 document?

7 A. I know exactly what this is from.
8 This is -- when I sat on that panel up at Revere
9 High School, this is the -- kind of a
10 presentation outline that I used.

11 Q. Okay. Which was one of my follow-up
12 questions I hadn't gotten to. So this gives us
13 the timeline --

14 A. Yes.

15 Q. -- in terms of when that Revere
16 presentation was?

17 A. Yes.

18 Q. And you prepared this before the
19 presentation to guide --

20 A. Right.

21 Q. -- your content, correct?

22 A. Yes.

23 Q. Did you actually read this, or was
24 this just a set of notes as talking points?

25 A. I think I read this.

1 Q. Okay. Is there any other context in
2 which this paper by you has been presented? And
3 what I mean by that is, did you use this for any
4 of those other presentations?

5 A. I don't believe so.

6 Q. Okay. When you created this --

7 A. I --

8 Q. I'm sorry. Go ahead.

9 A. I might have taken some of these
10 numbers, like these stats up here, and used
11 them.

12 Q. They might have been in your
13 PowerPoint --

14 A. Yeah.

15 Q. -- that you used later?

16 A. Yeah.

17 Q. Did anyone help you prepare this
18 one-page document?

19 A. Like, I know -- I have no idea how
20 much these drugs cost, so I'm sure I talked to
21 one of the Akron narc guys to get this number,
22 dollar amount for, you know, a kilo of fentanyl.

23 Q. And so you're referencing, in the
24 fourth paragraph, there are some information --
25 some sentences that describe the street cost of

1 heroin or fentanyl, so that would have been
2 something you would have consulted APD?

3 A. Right.

4 Q. Any other source that you recall
5 consulting with in terms of putting this
6 together?

7 A. You know, I'm sure I talked to
8 Steve, who's our toxicologist --

9 Q. Mr. Perch?

10 A. Mr. Perch.

11 Q. You don't have to call him
12 Mr. Perch.

13 A. -- about, you know, the potency of
14 these -- these drugs.

15 Q. Okay. Anyone else?

16 A. No.

17 Q. In terms of putting it all together,
18 is the actual combination of this information --
19 is that exclusively your work?

20 MS. HERMIZ: Objection to form.

21 Q. Let me ask it this way: Did anyone
22 tell you what to write?

23 A. No.

24 Q. Did anyone tell you what you needed
25 to say to the students at Revere?

1 A. No.

2 Q. And you got input in terms of the
3 street cost --

4 A. Right.

5 Q. -- and some stuff from Mr. Perch?

6 A. Stats.

7 Q. Other than consulting them in terms
8 of putting it together in this format and with
9 this language, is that your work?

10 A. Like I said, I did this at home.

11 Q. Do you know how long this took you
12 to put together?

13 A. You know, I probably did a little
14 bit one night and took a day off or two. It
15 depends on what sports the girls were playing at
16 the time and how busy I was with them.

17 Q. All right --

18 A. Usually I could put something
19 together in a -- you know, three, four hours
20 max. Something like this, probably, you know, a
21 good two hours or so, getting it all together.
22 Usually, I like to write up a rough draft and
23 then do a final, put it together.

24 Q. Do you know if you had a rough draft
25 for this document?

1 A. I'm sure I had, like, notes
2 scribbled down.

3 Q. Is that something that you would
4 have retained a copy of?

5 A. No.

6 Q. Okay. All right. So in the first
7 paragraph -- I'm going to look at the second
8 page of your write-up. It says, on the third
9 line, "In 2013 the Summit County Medical
10 Examiner's Office investigated 99 total overdose
11 deaths." Do you see that?

12 A. Yes.

13 Q. Did I read that correctly?

14 A. Yes.

15 Q. Okay. "Of those 60 were heroin
16 and/or fentanyl overdoses." Did I read that
17 correctly?

18 A. Yes.

19 Q. So if we do the math, that means 60
20 of the 99 deaths investigated by the Summit
21 County Medical Examiner's Office, in terms of
22 overdoses, were attributable to some combination
23 of heroin and fentanyl?

24 A. Correct.

25 Q. You continue, "In 2014 the number of

1 drug overdose deaths increased to 144, which
2 included 104 heroin and/or fentanyl overdoses."
3 Did I read that correctly?

4 A. Yes.

5 Q. So for that year, 104 out of 144
6 overdose deaths were some combination of heroin
7 and fentanyl, correct?

8 A. Yes.

9 Q. All right. It continues, "In 2015
10 the number of drug overdoses increased yet again
11 to 213 overdose deaths which included 153 heroin
12 and/or fentanyl deaths."

13 So for 2015, it was 153 out of 213
14 that were from heroin or fentanyl, correct?

15 A. Yes.

16 Q. Then you noted, "As we continue into
17 2016, the numbers are relatively the same or
18 slightly above 2015 totals. According to the
19 CDC, in 2014 they reported that the State of
20 Ohio recorded 2,744 overdose deaths."

21 Did I read that correctly?

22 A. Yes.

23 Q. And then it says, "Only the State of
24 California had more," and then it lists 4,521.

25 In terms of overdose deaths in 2014

1 in that CDC data set, do you know how many of
2 the statewide total were from heroin or
3 fentanyl?

4 A. No.

5 Q. Do you know what percentage were
6 from heroin or fentanyl?

7 A. No.

8 Q. Then in the second paragraph, you
9 end the second paragraph with an anecdote. It
10 says, "We have had a father and son die together
11 while doing heroin." Do you see that?

12 A. Yes.

13 Q. Do you recall when that happened?

14 A. I want to say 20 -- no. I'm not
15 sure of the exact date. It wasn't my case. I
16 can tell you it happened in the Kenmore area of
17 Akron, though.

18 Q. All right. And that was my next
19 question. That wasn't a case that you
20 personally investigated?

21 A. No.

22 Q. Why did you include that reference
23 in your presentation to the students and parents
24 at Revere?

25 A. Just to show it affects, you know,

1 entire families, you know, and it's kind of
2 young and old, the range there.

3 Q. And when we talk about the "it," and
4 that "it" affects families and the range, here
5 you're talking about heroin, correct?

6 A. Drug overdoses, yes.

7 Q. And specifically heroin, right?

8 A. Yes.

9 Q. You continue, "These statistics that
10 I just talked about are just the overdose
11 deaths. There are many more victims that
12 overdose and don't die. The victims that
13 overdose but don't die are usually found soon
14 after using the drug heroin and/or fentanyl and
15 given the drug Narcan, which reverses the effect
16 of opioids (heroin/fentanyl.)"

17 Did I read that correctly?

18 A. Yes.

19 Q. Is that a true statement?

20 A. Again, I got those numbers probably
21 from -- the Akron Police Department tracks --

22 Q. And there are lots of overdose
23 victims who do not die but were saved by Narcan,
24 correct?

25 A. Correct.

1 Q. And in your experience, in 2015 and
2 '16 and '17, the majority of the people who
3 avoided death, who were saved by Narcan, were
4 being saved from a heroin or a fentanyl or a
5 fentanyl analog overdose, true?

6 MS. HERMIZ: Objection to form.

7 A. I -- I can say that the Summit
8 County Health Department keeps a dashboard on
9 their website that shows a daily count of how
10 many people were being treated in the emergency
11 departments of the county, within the county.
12 It's safe to say a lot more have been treated in
13 the emergency rooms than actually have died.
14 Those numbers that they report are much higher
15 than, you know, the individuals that actually
16 die from overdoses.

17 Q. So when you were reporting this
18 information and sharing it with the students at
19 Revere about Narcan reversing the effects of
20 opioids, (heroin/fentanyl), you were getting
21 that from the county-wide data?

22 A. That and -- well, administered 623
23 doses, that's just the fire department. That --
24 that came from one of the detectives. I got
25 that number from probably one of the detectives

1 through Akron because they keep track of those
2 numbers also.

3 Q. Okay. And so then the next sentence
4 actually provides a specific number of doses
5 that EMS administered, correct?

6 A. Correct. And, like I said, I
7 probably got that number from -- one of the
8 detectives got it for me.

9 Q. Because responding to overdoses that
10 are not fatal is not within your jurisdiction?

11 A. Correct.

12 Q. The next paragraph says, "Heroin and
13 fentanyl are drugs that are being brought to the
14 United States from other countries. For
15 example, fentanyl is mainly purchased from China
16 and Ukraine via the internet."

17 Did I read that correctly?

18 A. Yes.

19 Q. And I think you mentioned before
20 lunch, another source is Mexico, correct?

21 A. Correct.

22 Q. It continues, "Fentanyl is estimated
23 to be 40 times more potent than heroin.

24 Additionally, it is being reported as being 80
25 times more potent than morphine."

1 Did I read that correctly?

2 A. Yes.

3 Q. Then it has that information about
4 costs, where -- the costs of those and how they
5 can be cut up by drug dealers, correct?

6 A. Yes.

7 Q. "As we continue to fight this drug
8 epidemic, we must realize it's affecting all of
9 us directly or indirectly. Most of our crimes,
10 such as burglaries and robberies, can be
11 attributed to drug abuse."

12 What's the source of that
13 information?

14 A. What, the suicides you said?

15 Q. I hadn't gotten to that line.

16 A. Oh, okay.

17 Q. Just the burglaries and robberies.

18 The second sentence, "Most of our crimes."

19 A. Talking to the police.

20 Q. Talking to the police?

21 A. Yeah.

22 Q. And are you talking about crimes
23 associated with burglaries and robberies in
24 connection with heroin and fentanyl and fentanyl
25 analogs, and I guess --

1 A. You know, not just those two drugs,
2 but, you know, probably all drugs in general.

3 Q. Okay. So it would also include
4 cocaine?

5 MS. HERMIZ: Objection to form.

6 A. Yes. Any drug, including
7 prescription drugs, you know. You hear from the
8 streets that, you know, back in the day, you
9 know, say a typical Percocet pill cost you 20
10 bucks -- I'm just throwing out numbers -- but
11 now, you know, since there's less out on the
12 streets and that, that price has quadrupled, so,
13 you know, I'm getting from the police, you know,
14 these people with addictions and that need to
15 feed their addictions and going out at all costs
16 to be able to buy their --

17 Q. And that's all information that
18 you're getting secondhand from police?

19 A. Police. And I've known that from
20 talking to family members who admit that, you
21 know, he -- my son, who had an addiction, stole
22 all my jewelry, my wedding band, my wedding
23 rings, and pawned them for drug money. You get
24 it from the families.

25 Q. So you've -- over the course of your

1 work, you've heard descriptions from family
2 members and police of individuals in Summit
3 County engaging in criminal activity relative to
4 narcotics of all kinds?

5 A. Right.

6 Q. In the course of your work or before
7 then, when was the first time that you
8 understood that there were risks associated with
9 prescription opioids?

10 A. Prior to, I want to say, 2013, '14,
11 if you go back and look at our stats, most of
12 our overdoses were prescription-type overdoses.
13 That was the majority of them, you know. Ten
14 years ago, you bring up heroin, I bet our office
15 was lucky to see, you know, less than a handful
16 of heroin deaths. The majority of them, like I
17 said, were prescription overdoses. 2014, '15
18 and that, that started to really switch over to
19 the illicit drugs.

20 Q. When we're talking about overdose
21 deaths -- this is just a definitional question
22 -- how do you classify deaths from alcohol
23 intoxication?

24 A. I can't recall how they -- I know --
25 some of them have been natural deaths I know.

1 Q. Okay. Have you had cases of alcohol
2 poisoning?

3 A. Over the years, I'm sure.

4 Q. Okay. Is alcohol -- so you don't
5 know whether it's classified as an overdose
6 death or if it's treated separately?

7 MS. HERMIZ: Objection to form.

8 A. I can't say for a hundred percent
9 sure.

10 Q. Okay. With respect to -- well, let
11 me back up.

12 So to the best of your ability to
13 estimate, do you know when it was that you
14 understood that there were risks of addiction
15 associated with prescription opioids?

16 A. No. I knew people were dying from
17 it.

18 Q. And when was the first --

19 A. I mean, it goes way back to when --
20 my first years, I mean, you saw -- drug overdose
21 deaths have been around as long as I have.

22 Q. So you've -- once you switched from
23 photographer to an investigator, you know, so in
24 the late '80s, you've seen -- well, I guess you
25 said it was several years, you weren't sure?

1 A. Right.

2 Q. So as long as you've been in the
3 medical examiner's office, you've understood
4 that prescription opioids could cause death?

5 A. Yes.

6 Q. In terms of the stats that you saw,
7 let's say, from -- let's say all the way up to
8 2015, so from the time you entered the
9 department until 2015, among the prescription
10 opioid overdose deaths that you saw, do you know
11 what percentage of those were cases in which the
12 individual used the medication as prescribed?

13 MS. HERMIZ: Objection to form.

14 A. No.

15 Q. Do you know if there were any cases
16 from 1988 until 2015 where Summit County saw an
17 overdose death where a patient was using the
18 medication, using a prescription opioid as
19 prescribed?

20 A. Were they using it as prescribed?

21 Q. Yes. Any case where you remember an
22 investigation where you found a patient using it
23 as prescribed and then one of the attending
24 physicians said overdose death.

25 MS. HERMIZ: Objection to form.

1 A. I can't recall.

2 Q. Okay. Have you seen cases where
3 people overdosed on prescription opioids by not
4 using them as prescribed?

5 MS. HERMIZ: Same objection.

6 A. I've had overdose deaths of people
7 that, say, were prescribed a bottle of whatever
8 prescription, Oxycontin, Percocet or whatever,
9 and you look at the date and say it was filled
10 yesterday. The person dies the next day, you go
11 there and the bottle is empty. So I would
12 assume it's safe to say that person took more
13 than what was actually prescribed -- I mean,
14 instructed to take, you know, obviously didn't
15 take two pills every four hours, took the whole
16 bottle.

17 Q. That's my question. You've seen
18 cases where people took more than they were
19 prescribed?

20 A. Correct.

21 Q. And you've seen cases where people
22 died because they altered the medication, they
23 crushed it and inhaled it, for example?

24 A. Snorted it, yes.

25 Q. You've seen cases where they've

1 mixed it, against medical advice, with other
2 substances?

3 MS. HERMIZ: Objection to form.

4 A. I've seen cases where the final tox
5 report comes through and there's more than, you
6 know -- there might be the drug itself and a
7 high amount of alcohol, which, you know, I think
8 every adult should know you don't mix -- I mean,
9 you don't need to be a doctor to say don't mix,
10 you know, oxycodone or Oxycontin with alcohol.

11 Q. Sure. Okay. We'll go to another
12 exhibit.

13 - - - - -

14 (Thereupon, Deposition Exhibit 3,
15 The Columbus Dispatch Article Titled
16 "Ohio Had More Than 4,000 Overdose
17 Deaths in 2016", was marked for
18 purposes of identification.)

19 - - - - -

20 Q. Mr. Guenther, I have marked as
21 Exhibit 3 an article from the Columbus Dispatch.
22 And if you turn to -- well, it's dated August
23 1st, 2018, correct --

24 A. Right.

25 Q. -- in terms of the printout on the

1 upper left of the page?

2 A. Okay.

3 Q. The article itself, according to the
4 headline, is posted May 28th, 2017. Do you see
5 that?

6 A. Yes.

7 Q. Okay. The headline is, "Columbus
8 Dispatch, Newspaper: Ohio Had More Than 4,000
9 Overdose Deaths In 2016." Do you see that?

10 A. Yes.

11 Q. You're quoted in this article,
12 correct?

13 A. Yes.

14 Q. Do you recall the media
15 communication that led to this article?

16 A. I'm sure it was one of many calls I
17 got.

18 Q. Have you ever read this article in
19 its entirety?

20 A. I might have looked at it briefly
21 when it first came out online.

22 Q. So you're referenced in this second
23 page. It says, "In Akron's Summit County,
24 nearly half of its 308 overdose deaths last year
25 were attributed to the use of carfentanil, a

1 powerful opioid that's supposed to be used as a
2 tranquilizer for large animals. Gary Guenther,
3 an investigator for the Summit County Medical
4 Examiner's Office, said addicts clamor to get
5 the lethal drug when they hear it's on the
6 streets."

7 Did I read that correctly?

8 A. Yes.

9 Q. And then there's a quote attributed
10 to you that says, "It doesn't make any sense."
11 Do you see that?

12 A. Yes.

13 Q. So is it your -- is that an accurate
14 statistic in terms of Summit County and the
15 attribution of the percentage deaths
16 attributable to carfentanil?

17 MS. HERMIZ: Objection to form.

18 A. In 2016, that's probably an
19 accurate --

20 Q. That would have been something you
21 just probably pushed the statistics button?

22 A. Yes.

23 Q. Okay.

24 A. Or talked to Steve Perch.

25 Q. Or talked to Mr. Perch.

1 And, from your perspective, people
2 seeking out carfentanil doesn't make any sense?

3 MS. HERMIZ: Objection to form.

4 A. Yes.

5 Q. And it's true, even though you're
6 not a toxicologist, you're aware, from your
7 experience, that even a very small quantity of
8 carfentanil is lethal to a human, correct?

9 A. Yes.

10 Q. That's something I think you noted
11 in your PowerPoint presentation, correct?

12 A. Correct.

13 Q. Okay. When -- we've talked about
14 July of 2016, when you recall Summit County
15 first seeing carfentanil. How did your office
16 first identify carfentanil?

17 A. I got this secondhand from
18 Mr. Perch. Akron saw a huge spike in overdose
19 -- not necessarily deaths but overdose cases.
20 And they didn't know what they were dealing
21 with. Akron Police, the way I understood it,
22 brought samples down to Mr. Perch, and at that
23 time Mr. Perch ran the test and, you know, at
24 that time confirmed it was carfentanil.

25 Q. In terms of the specific tests, like

1 what the capacity was at your office's lab
2 versus reference labs, are those details that
3 would be best directed to Mr. Perch?

4 A. Yes.

5 Q. Okay. As a -- as a field
6 investigator, do you have any recollection of
7 seeing carfentanil on runs before it was
8 identified -- before you knew what you were
9 dealing with?

10 MS. HERMIZ: Objection to form.

11 A. No. I didn't know what carfentanil
12 was.

13 Q. Okay. And so the first -- I'm
14 correct that the first time your office was able
15 to identify it was after some kind of toxicology
16 protocol?

17 A. Yes.

18 Q. Once Mr. Perch identified it, were
19 there any procedural changes or updates for you
20 and your field investigation unit to -- to deal
21 with to identify carfentanil?

22 A. You know, I've been there, like I
23 said, 30 plus years. I go to a death scene. I
24 see a baggie of white powder or tannish color
25 powder or whatever. By just looking at it, I

1 cannot tell you what that substance is. So it
2 needs testing before I can -- and I can tell you
3 a lot of what we've been seeing, you know, over
4 the last four or five years, it's just not one
5 drug, it's drugs that are -- it's a combination
6 of drugs that are mixed in. So it's just not,
7 say, carfentanil, or just heroin; it's a
8 combination.

9 Q. So the powders that you're seeing
10 now are combinations of illegal synthetics?

11 A. Right.

12 Q. Okay.

13 A. And from a precaution standpoint,
14 you know, once we knew how potent this was and
15 you saw, you know, on the news and newspapers
16 of, you know, emergency room nurses getting
17 overdose symptoms and paramedics or police on
18 the scene getting symptoms, we made sure to
19 advise our investigators, hey, make sure, when
20 you're handling this stuff, to wear gloves and
21 at least a mask.

22 Q. In terms of employee safety, was --
23 did the protocols always provide for gloves and
24 masks --

25 A. Yes.

1 Q. -- when handling narcotics?

2 A. Yeah. And that's common sense.

3 Q. It's common sense.

4 A. Especially if -- I mean, if there
5 are body fluids and that around.

6 Q. Was there a need for a reminder to
7 follow best practices when carfentanil came
8 around --

9 A. Yes.

10 Q. -- because people were maybe a
11 little lax?

12 A. Yes. And, at that point, once we
13 were dealing with -- we actually -- Dr. Kohler
14 and, I think, Denice, our business -- got
15 trained, and we got Narcan kits from the health
16 department there at the office, because
17 Mr. Perch is dealing with those powders all the
18 time, the investigators are dealing with those
19 powders all the time, and, you know, we never
20 know who's walking in from the outside into our
21 office to get information. You know, a lot of
22 times, addiction, you know, is just not the
23 deceased person, but there's other family
24 members or friends that are addicted. So you
25 don't know, you know, what's going to walk

1 through our front door.

2 Q. Since the office has started
3 carrying Narcan doses, have you guys ever had to
4 use one?

5 A. No.

6 Q. Okay. Any other employee safety
7 measures that were put in place as a result of
8 carfentanil?

9 A. No.

10 Q. Prior to what we've talked about
11 with 2015 forward, prior to that time period,
12 did the office ever put into place any kind of
13 new protocol specifically as a result of
14 prescription opioid overdoses?

15 MS. HERMIZ: Objection to form.

16 A. Not that I can recall.

17 Q. And from 2015 through to today, are
18 you aware of any specific policy the office has
19 put in place as a result of prescription opioid
20 overdoses?

21 A. Prescriptions, no, nothing new.

22 Q. When you first heard about
23 carfentanil and its presence in Summit County,
24 what was your reaction?

25 MS. HERMIZ: Objection to form.

1 A. First reaction was why would anybody
2 do this.

3 Q. Any other kind of immediate
4 reaction?

5 A. No.

6 Q. We've talked about the types of
7 information that you collect during the course
8 of your forensic investigations. I want to ask
9 you about a different kind of information.

10 Do you, in the course of your
11 investigation, come to learn what any of the
12 decedents understood about the risks of opioid
13 use?

14 MS. HERMIZ: Objection to form.

15 A. That's not a question we would
16 typically ask.

17 Q. Likewise, do you learn what they
18 understood or thought about addiction to
19 opioids?

20 A. No.

21 Q. Do you know the details of any
22 conversation they had with -- if they had a
23 prescription opioid, what conversation they
24 would have had with the prescribing doctor?

25 MS. HERMIZ: Objection to form.

1 A. The only information we would get,
2 normally, when dealing specifically with opiate
3 overdoses is sometimes family would offer, you
4 know, he hurt his back, you know, 20 years ago
5 and has been seeing a doctor and has been
6 prescribed these medications ever since, or, you
7 know, this all started when so-and-so got a
8 football injury in high school or college and
9 this all started. But a lot of times, we don't
10 go that far back in our -- I mean, we're looking
11 for the cause and manner of death. We're not
12 looking how things got started. I mean, you
13 could go back years probably in a lot of these
14 cases and it started, you know, years and years
15 prior to them dying.

16 Q. And in terms of the specific causes
17 and what got started, that's going to be a
18 situation specific to each individual, fair?

19 A. That's a fair statement.

20 Q. Everyone's got a different story?

21 A. Yes.

22 Q. And the scope of your investigation
23 is what you just described; you're trying to
24 figure out the information that your attending
25 physicians need to make a call on the manner and

1 cause of death, correct?

2 A. Yes.

3 Q. You're not setting out to create a
4 biography of their substance use history, are
5 you?

6 A. Correct.

7 Q. So in terms of what the original
8 doctor who prescribed a medication may have told
9 them about the risks or uses of that medication,
10 that's not information that would come within
11 the scope of your investigation?

12 A. No. Whether or not that individual
13 had a back injury 30 years ago is, from my
14 standpoint, when causing -- when determining the
15 cause and manner of death, gathering information
16 from that, you know, that's irrelevant what
17 happened 20 years ago.

18 Q. Okay. And in terms of your
19 standpoint and what you're trying to find out,
20 you don't get into, you know, what conversations
21 they may have had at a pharmacy in terms of, you
22 know, warnings about drug interactions; anything
23 like that is beyond what you're trying to find
24 out?

25 A. Right.

1 Q. You don't consider that --

2 A. And most of the time when we're on
3 scene, you know, the person who knows is now
4 dead, so you can't ask them, so, you know, a lot
5 of the stuff that we get is secondhand, either
6 by an immediate family member, mom or dad or,
7 you know, siblings -- you know, they might tell
8 you, well, he hangs out with so-and-so, here's
9 his name and number, you can give him a call, he
10 might know more information than we do.

11 Q. If you get that, do you make the
12 call?

13 A. Yes, usually.

14 Q. All right. But in terms of specific
15 conversations with medical professionals about
16 the warnings of a prescription and -- that's not
17 something you consider relevant?

18 A. No.

19 Q. Okay. In terms of -- are you good
20 to continue?

21 A. Yes.

22 Q. Okay. I think we've been clear, but
23 just to make sure we're on the same page because
24 we've used a couple different terms, do you
25 understand that if we talk about opiates or

1 opioids, there's a broad category that includes
2 both legal and illegal substances?

3 A. Correct.

4 Q. Okay. And we've been
5 differentiating between legal prescriptions and
6 then illegal, the heroin, the fentanyl analogs,
7 correct?

8 A. Yes, sir.

9 Q. In terms of some of the supply needs
10 that you talked about earlier, the body bags and
11 overtime, or whatnot, is it -- with respect to
12 those, have you ever tried to differentiate
13 between increases as a result of legal
14 prescription opioids versus illegal?

15 MS. HERMIZ: Objection to form.

16 A. No. It's caseload.

17 Q. Okay.

18 A. If we go from one year handling, you
19 know, 450 cases a year and we all of a sudden
20 jump to 700 plus, all I know is there is
21 adjustments that need to be made from a supply
22 and demand standpoint.

23 Q. And so in terms of caseload, kind of
24 common sense, it costs more in terms of
25 resources and strain on your department to

1 process 700 cases than it does to process 400?

2 A. Correct.

3 Q. Okay. So it's not the case that the
4 cost of a prescription opioid overdose is
5 different than the cost of a carfentanil
6 overdose?

7 A. Correct.

8 Q. But if you have five carfentanil
9 overdoses, that costs more than one prescription
10 overdose just in terms of the number of cases?

11 A. Yeah. And you can ask Mr. Perch.
12 Most of the prescription overdoses, you know, he
13 can handle in-house, those he can test for.
14 It's when you get into the fentanyl analogs and
15 that where his machines -- he's unable to test
16 for those below a certain point, so, you know,
17 he's got to use reference labs and that, send
18 out samples for confirmation.

19 Q. So in addition to caseload, with
20 respect to illicit opioid overdoses, when you're
21 dealing with various synthetics, they're more
22 exotic --

23 A. Right.

24 Q. -- and they can also have reference
25 lab costs?

1 A. Yes.

2 Q. Okay. Sitting here today, are you
3 able to identify any increased demands for your
4 department that were caused by pharmaceutical
5 manufacturers?

6 MS. HERMIZ: Objection to form.

7 A. I can say, because of the overdoses,
8 the large increases that we've had, we've, you
9 know -- like our removal company, body removal,
10 you know, went from a \$25,000 a year contract up
11 to \$50,000, and it's -- and we've never had that
12 issue before until the spike in drug overdoses.

13 Q. And that's the spike you're talking
14 about in 2015?

15 A. 2015 and --

16 Q. And forward?

17 A. Correct.

18 Q. And so let me make sure --

19 A. I mean, we've never had to buy extra
20 body bags, you know. Usually, you buy whatever,
21 400 cases, you need, and all of a sudden you're
22 doing 700, you know, and if you look at the
23 stats, it's due to increase of drug overdoses.

24 Q. Right. And so my question -- let me
25 ask it again, just to make sure you're tracking.

1 Are you able to identify specific costs that
2 your department has incurred as a result of
3 something done by a drug manufacturer?

4 MS. HERMIZ: Same objection.

5 A. It's from the drugs. It's not from
6 the manufacturer.

7 Q. Okay. Are you able to identify
8 specific costs that your department has incurred
9 that have increased as a result of something
10 that a pharmaceutical distributor has done?

11 MS. HERMIZ: Same objection.

12 A. No.

13 Q. Are you able to identify specific
14 costs that your department has incurred that
15 have increased as a result of something that a
16 retail pharmacy has done?

17 MS. HERMIZ: Same objection.

18 A. No.

19 Q. I'd like to mark another exhibit.

20 - - - - -

21 (Thereupon, Deposition Exhibit 4,
22 E-Mail from Lisa Kohler to Gary
23 Guenther dated September 14, 2017
24 Beginning Bates Number
25 SUMMIT_000201288, was marked for

1 purposes of identification.)

2 - - - - -

3 Q. And this will be Exhibit 4. Just
4 for record purposes, it's Bates 000201288
5 through ending Bates number 294.

6 And so my first question, once
7 you've had a chance to thumb through Exhibit 4,
8 is, have you ever seen this before?

9 A. Yes.

10 Q. Did you contribute any product to
11 preparing it?

12 A. No. Dr. Kohler and Denice put this
13 together.

14 Q. Okay. And the cover page is an
15 e-mail from September 14th, 2017, where
16 Dr. Kohler transmits it to you, correct?

17 A. Correct.

18 Q. When you received this, what, if
19 anything, did you do with it?

20 A. I'm sure you have it. I used a lot
21 of these stats in that PowerPoint presentation.

22 Q. Did you request Dr. Kohler to send
23 this to you?

24 A. You know, I might have asked, hey, I
25 got to do a presentation. Do you have any, you

1 know, information that I could use?

2 Q. So other than utilizing this
3 document to pull some statistics for your own
4 presentation --

5 A. Right.

6 Q. -- have you ever created something
7 like this yourself?

8 A. No.

9 Q. Prior to this presentation being
10 sent to you, are you aware of any earlier
11 versions of this?

12 A. Not that I'm aware of.

13 Q. In the 30 years where you were at
14 the department prior to this, did you ever --
15 you know, was there a 2016 version or a 2005
16 version?

17 MS. HERMIZ: Objection to form.

18 A. You know, prior to me being in
19 administration, you know, being a regular
20 investigator, I would not typically see things
21 like this or, you know, my investigators now
22 that are under me would not know what this is.
23 They probably wouldn't see it. So as being kind
24 of lower in -- outside of administration, I
25 wouldn't normally see that. So I couldn't say

1 what happened before.

2 Q. All right. I think I track you.
3 Tell me if this is right. Before you were the
4 chief of the forensic investigation unit, you
5 don't think you would have had any reason to see
6 something like this if it existed?

7 A. Right.

8 Q. Sitting here today, you don't know
9 one way or the other whether something like this
10 existed --

11 A. Correct.

12 Q. -- before you were chief?

13 A. Correct.

14 Q. During the time period where you
15 were the chief of the unit, are you aware of any
16 reports like this prior to this one?

17 A. No.

18 Q. And in your administrative role
19 during your tenure as chief, you do think you
20 would see something like that if it existed?

21 A. Yes.

22 Q. Do you know why Dr. Kohler put this
23 together with Ms. DiNapoli?

24 A. I can't say for a hundred percent
25 sure. I would think that, you know, at the

1 beginning of a year we're given a budget and I'm
2 sure with the added supplies and salaries and
3 the overruns that have occurred with testing and
4 all that, I'm sure Denice or Dr. Kohler had to
5 go back to council and ask for additional funds.

6 Q. Do you know whether --

7 A. I don't --

8 Q. Go ahead.

9 A. Go ahead. I don't know if, like,
10 Dr. Kohler needed this for -- I think she's
11 involved with an opiate task force, so I don't
12 know if she would have had to pull those numbers
13 for a group like that. I don't know.

14 Q. Okay. Do you know whether this
15 litigation had anything to do with it?

16 MS. HERMIZ: Objection to form.

17 A. I have no idea.

18 THE WITNESS: Sorry.

19 MS. HERMIZ: That's okay.

20 Q. I'd like to mark Exhibit 5.

21 - - - - -

22 (Thereupon, Deposition Exhibit 5,

23 E-Mail String with Attachments

24 Beginning Bates Number

25 SUMMIT_000202094, was marked for

1 purposes of identification.)

2 - - - - -

3 Q. So what I have marked as Exhibit 5
4 is a composite that starts with Bates
5 SUMMIT_000202094, continuing through 096. Then
6 there is a page, a transmittal e-mail, that is
7 SUMMIT_000202092, and then there is a PowerPoint
8 presentation that was produced in native format
9 so it does not have Bates pages.

10 The first page of the PowerPoint is
11 titled "Summit County and the Opiate Epidemic,
12 Gary Guenther, Chief Investigator," and then the
13 last page is a slide that says, "Opiate Task
14 Force." It has a graphic of a gentleman with a
15 magnifying glass in the upper right corner, and
16 there are three bullets below that.

17 So, Mr. Guenther, I've handed you
18 what I've marked as Exhibit 5, and my first
19 question is take a look at it and let me know if
20 you've seen that before.

21 A. Yes.

22 Q. And we talked at a couple points
23 about the PowerPoint you presented to a couple
24 insurance presentations. This is that
25 PowerPoint, correct?

1 A. Yes.

2 Q. And so the first couple pages of
3 Exhibit 5 are e-mail correspondence where you
4 and some folks from one of the insurance groups
5 were talking about logistics, how many people
6 are going to be there, you know, timing, and you
7 identified that you had a PowerPoint, correct?

8 A. Yes.

9 Q. All right. And so I want to ask you
10 about the specific PowerPoint presentation
11 that's in Exhibit 5.

12 And so this is a presentation that
13 you put together yourself, correct?

14 A. I put it together, but I also
15 borrowed slides from previous presentations
16 that, like, Dr. Kohler might have done.

17 Q. So every -- it's not the case -- and
18 we'll talk about the individual slides, but you
19 did not personally create every slide in here;
20 you borrowed from other presentations, but this
21 kind of packaging is your work?

22 A. Yes, with the help of a secretary,
23 because I'm computer illiterate.

24 Q. Okay. Did you mechanically put
25 together any of these slides, or did you direct

1 them and leave the actual creation to the
2 secretary?

3 A. Yes.

4 Q. I asked kind of a compound question
5 and you answered it okay, but it was a bad
6 question.

7 Did you leave the actual preparation
8 to the secretary in terms of creating the
9 individual slides that you didn't borrow from
10 another one?

11 A. I was able to do the slides. They
12 kind of adjusted the photos and that on the --

13 Q. So you took a stab --

14 A. Yes.

15 Q. -- and then it was polished by a
16 secretary?

17 A. Yes.

18 Q. Okay. All right. The statistics on
19 the second slide, do you recall where these came
20 from?

21 A. You know, I want to say that was
22 just a previous exhibit that you showed me
23 from --

24 Q. All right. Slide 3 is a picture of
25 some kind of database that shows drug overdose

1 emergency department visits. Do you see that?

2 A. Yes.

3 Q. What -- what database or interface
4 is this pulled from?

5 A. I got that from -- that was
6 department of -- Summit County Department of
7 Health. They got a dashboard on their website,
8 and this was, like, the people that go to the
9 emergency rooms, that they keep track of being
10 treated by overdoses. I don't know how they
11 compile these numbers, but you can see they
12 break them down by the number, you know, of
13 their zip codes.

14 Q. They break it down a bunch of
15 different ways?

16 A. Yeah. How they compile that
17 information -- I just brought this slide to show
18 how many people were being treated.

19 Q. This is not from -- I'm sorry. I
20 didn't mean to talk over you. Were you done?

21 A. Well, these are people that, for the
22 most part, actually did not come through our
23 office, did not die. These are people who were
24 treated in the emergency departments.

25 Q. And so that answers my next

1 question, which is, this isn't your in-house
2 medical examiner database, correct?

3 A. Correct.

4 Q. Okay. All right. The next day,
5 this photograph, where did that come from?

6 A. This was not one of our cases. This
7 was shown on the news.

8 Q. That was my next question. This was
9 not a couple that overdosed in Summit County,
10 correct?

11 A. Correct.

12 Q. Why did you include this non-Summit
13 County photo in your presentation?

14 A. It just shows, you know, you have
15 two parents or guardians of a child that
16 overdosed and are unresponsive in the car while
17 they have a child, obviously a toddler, sitting
18 in the car seat in the back seat.

19 Q. In this photo that was reported on
20 the news, do you know what these two individuals
21 overdosed on?

22 A. I can't say for sure. The media at
23 the time reported it as a heroin overdose. But,
24 you know, that's the case with a lot of cases.
25 Most people say it's a heroin overdose, but in

1 reality it's either a fentanyl or one of the
2 fentanyl analogs or a combination of all of
3 them.

4 Q. Okay. The next page, where did this
5 data come from? Is this the chart that we just
6 saw from Dr. Kohler?

7 A. Yes.

8 Q. And the reference in the paragraph
9 above, at the top of the slide, says, in the
10 second sentence, "This coincided with a time
11 when staffing was low, December 2015 through
12 June 2017, resulting in greater strain on
13 already stretched resources." And then there's
14 a hyperlink citation.

15 Do you see that?

16 A. Yes.

17 Q. And this is the staffing issue that
18 we talked about before lunch, correct?

19 A. Not only with the investigators,
20 but, as we are now, we were short a pathologist
21 at the time, too.

22 Q. Right.

23 A. So, you know, we were overwhelmed,
24 so we got other forensic pathologists that would
25 be willing to come to our office and, say,

1 spend -- are you available to do autopsies on
2 these three days, and I think they got paid per
3 autopsy, whatever they had set up with --

4 Q. Because Dr. Dean left the office?

5 A. Correct.

6 Q. In terms of procedure, autopsies are
7 supposed to be witnessed, correct?

8 A. Not always. We kind of -- when we
9 got -- let me put it this way. Before we became
10 short-staffed in the investigator section,
11 usually there was an investigator back there
12 taking notes for the physicians and staying --
13 and doing the photography, if need be, during
14 the -- when we were fully staffed. Then we got
15 overwhelmed as our caseload got larger and
16 larger. The doctors got new tablets, where they
17 can do all their notes back there in the autopsy
18 suites, so Dr. Kohler said, you know,
19 investigators, you know -- there came a point
20 where we were always walking out, taking phone
21 calls or taking death calls, during an autopsy,
22 so Dr. Kohler finally said, just stay up front.

23 Q. What's the current protocol? Are
24 autopsies witnessed?

25 A. I mean, if the doctor requests,

1 somebody will go back, especially like on
2 homicides where you're taking -- collecting, you
3 know, evidence, you know, such as nail clippings
4 and taking x-rays and so forth.

5 Q. So they're currently witnessed only
6 if the doctor requests?

7 A. Yes. Usually on just sudden deaths.
8 you know, accidental deaths; those usually are
9 not witnessed.

10 Q. Now, in terms of the bottom of the
11 page, there's a chart that talks about autopsy
12 count and bodies in morgues. There's a line for
13 out of county autopsies.

14 Do you see that?

15 A. Yes.

16 Q. Did you, in your department, ever do
17 out of county scene investigations?

18 A. No.

19 Q. So your fieldwork was always limited
20 to proper Summit jurisdiction cases?

21 A. Yes.

22 Q. You don't loan out to municipalities
23 outside the county?

24 A. No.

25 Q. Okay.

1 A. I think we got agreements in case
2 of, like, a disaster. I think we got
3 agreements, like, with Portage County
4 investigators, hey, if something happens in
5 Summit County and we need you, we could call you
6 over and you come and vice versa.

7 Q. But in terms of anything you've ever
8 experienced --

9 A. But with just regular caseloads, no,
10 we don't go back and forth.

11 Q. All right. Let's go a couple more
12 slides to the graphic that has some statues of
13 family members.

14 Where does this slide come from?

15 A. Dr. Kohler did this slide.

16 Q. And do you know what she was
17 depicting here?

18 A. This just shows that we had one
19 investigator that had three separate overdose
20 deaths at different times and it was all the
21 same family.

22 Q. Okay. Do you remember the name of
23 the family?

24 A. No.

25 Q. Did that case make an impact on the

1 department?

2 MS. HERMIZ: Objection to form.

3 Q. Let me ask it this way: Did that
4 case have an impact on you?

5 A. Not this case, but I have cases
6 where I would go to a death scene and it was a
7 young female that died of an overdose, and two
8 months or three months later I went to another
9 house for a male that overdosed, and when I
10 walked into that house, you know, that
11 crossed -- crosses your mind when you say, I've
12 known these people from somewhere, where was it.
13 And, you know, when I finally went to talk to
14 them, they said, we remember you from his
15 sister.

16 So, yes, I've had, you know, where a
17 parent would have a child die one month, then --
18 and another one die, you know, several months
19 later. You know, not just overdoses; all
20 deaths, when talking to family, takes a toll on
21 you. Part of our job as investigators is to
22 make sure next of kin is notified. Nobody likes
23 knocking on doors at 3:00 in the morning to go
24 tell some parent that their child died earlier
25 that night. That takes a toll on you.

1 And from the standpoint of
2 overdoses, you know, part of me feels bad for
3 these parents. The part that gets stressful is,
4 you know, you go from talking to -- as I'm
5 talking to everybody -- going from talking to,
6 you know, 400 families a year, now you're almost
7 doubling it with the same amount of people, and
8 that gets stressful at times for -- for anybody.

9 Q. I want to take some of those things
10 individually.

11 In terms of you and the job stress
12 of talking to family members of folks who have
13 passed, have you ever had to seek out HR
14 resources or counseling to deal with the job?

15 A. No.

16 Q. In terms of the case that you
17 mentioned where you called upon the -- you
18 investigated a case and then later had the
19 decedent's brother, do you remember what the
20 lady who you investigated overdosed on?

21 A. I can't remember what drug.

22 Q. Do you remember the year she
23 overdosed?

24 A. Not exactly.

25 Q. Would it have been after the 2015

1 increase?

2 A. I want to say '14, '15, somewhere
3 around there.

4 Q. Do you remember what her brother
5 overdosed on?

6 A. No.

7 Q. Sitting here today, do you know
8 whether either one of those cases had anything
9 to do with prescription opioids?

10 A. I can't recall.

11 Q. Okay. In terms of the job
12 generally, whether you're dealing with an
13 overdose, whether you're notifying next of kin
14 about an overdose, or whether you're notifying
15 them about a traffic accident, is the challenge
16 of that conversation generally the same?

17 MS. HERMIZ: Objection to form.

18 A. You know, I'm sure every
19 investigator has their own way of doing it,
20 whatever is comfortable for them. You know,
21 when I first started, I can still vividly
22 remember my first time notifying a family, and
23 it was up at the Cuyahoga Falls Hospital. Back
24 then, all bodies went to a hospital to be
25 legally pronounced, so you called families to a

1 hospital, which made it easier, because there
2 were nurses and doctors around it all. So you
3 had that 45 minutes to say, oh, what am I going
4 to tell this poor family, you know. So you get
5 it all in your head and you walk out and your
6 mind goes blank. I've learned over the years be
7 quick and be direct and no beating around the
8 bush. That's the easiest for everybody.

9 Q. And so regardless of what the manner
10 or cause of death is, that's always a tough
11 conversation --

12 A. Yes.

13 Q. -- from your perspective? And
14 that's one of the challenges of the job
15 generally?

16 A. Yes.

17 Q. In terms of this specific case, you
18 indicated you weren't the investigator --

19 A. No.

20 Q. -- right?

21 The facts that are reported on
22 this -- on this slide, it looks like the first
23 date was a November 23rd, 2015, fentanyl
24 overdose, correct?

25 A. Yes.

1 Q. Other than what's reported on this
2 slide, do you have any -- any details or
3 recollection of the circumstances regarding his
4 overdose?

5 A. No.

6 Q. Do you know whether prescription
7 opioids had anything to do with his substance
8 use history?

9 A. His history, no.

10 Q. Or his overdose?

11 A. No.

12 Q. If he had died of an Oxycontin
13 overdose, that would be indicated here instead
14 of fentanyl, correct?

15 A. If it was strictly, you know -- if
16 it was strictly oxycodone overdose, listed on
17 the death certificate would be an oxycodone
18 overdose. They word it different if there's
19 multiple drugs found in the system.

20 Q. Sure.

21 And on this slide -- you indicated
22 Dr. Kohler prepared this -- it lists the
23 33-year-old man as dying from a fentanyl
24 overdose, correct?

25 A. Yes.

1 Q. All right. The second family member
2 is listed as February 3rd of 2016, correct?

3 A. Yes.

4 Q. And this was a 32-year-old, and it
5 says it's the brother, dying from opiates and
6 benzos after eight days in hospital. Do you see
7 that?

8 A. Yes.

9 Q. What's benzos?

10 A. Benzodiazepines. There's probably
11 multiple subcategories of those. It's probably
12 best to ask Mr. Perch.

13 Q. And in terms of the graphic that's
14 beside it with the -- there's a number 1, number
15 2 and a number 3, and it looks like 1 and 2 are
16 on the kids and number 3 is the father --

17 A. Correct.

18 Q. -- at least on that graphic,
19 correct?

20 Now, you agree, though, it's not the
21 case, despite the graphic, where these were
22 young children dying, correct?

23 A. I mean, I consider 33, 32 too young
24 these days.

25 Q. Sure. But it's not a toddler?

1 A. No, it's not a ten-year-old.

2 Q. Okay. And so you didn't talk to
3 Dr. Kohler as to why she selected that graphic?

4 A. No.

5 Q. And it wasn't one you picked out?

6 A. No.

7 Q. Okay. Then the July 1st, 2016
8 entry, that's the father at age 53 and it's
9 listed as a carfentanil overdose?

10 A. Yes.

11 Q. Any information as to whether
12 prescription opioids played any role in the
13 father's death?

14 A. No. It looks like just illicit
15 carfentanil.

16 Q. And then down in the bottom right,
17 there's a -- it says number 4, and it says
18 there's a 56-year-old sister, aunt, died in
19 September of 2016 from carfentanil and cocaine
20 overdose, correct?

21 A. Correct.

22 Q. Any information as to whether
23 prescription opioids played any role in her
24 overdose?

25 A. No. Just a listing of carfentanil

1 and cocaine.

2 Q. Now, continuing with your slide
3 deck, where do these pictures on the next slide
4 come from?

5 A. These are all Summit County cases,
6 different ones, that you just pick out different
7 scene photos. I couldn't tell you the names of
8 any of these people.

9 Q. Is this a slide Dr. Kohler
10 prepared --

11 A. Yes.

12 Q. -- or one you prepared? Okay.

13 A. I might have added one or two.

14 Q. Sitting here now, do you recall who
15 selected which photos?

16 A. No.

17 Q. Do you know whether any one of these
18 photos depicts a prescription overdose?

19 A. Possibly that top left-hand one,
20 because there's pills.

21 Q. There's pills in that top photo --

22 A. Yeah.

23 Q. -- along with some cash that looks
24 like it's arranged. Do you know, is that an
25 actual scene photo or is that some kind of --

1 A. I think that was an actual scene.

2 Q. Okay. Do you know what the
3 substance that's put out in lines that are
4 unused is?

5 A. No.

6 Q. All right. Looking at the next
7 page, there's a slide, it says, "April 8, 2016,
8 Ohio teen Andrew Frye found dead after shooting
9 heroin with his mother." Do you -- where did
10 this slide come from?

11 A. That was one of our scene photos.

12 Q. Okay. And is this something that
13 Dr. Kohler made --

14 A. Yes.

15 Q. -- or you made?
16 Did you investigate the Frye case?

17 A. No.

18 Q. Did you play any role in the
19 preparation of that file?

20 A. No.

21 Q. Other than -- well, from the reports
22 and chat around the office, are you familiar
23 with the Frye case?

24 A. Yes.

25 Q. What do you recall about the Frye

1 case?

2 A. His mother and, actually,
3 grandmother, took him to the motel -- I think it
4 was close to his birthday, for like a
5 birthday -- so he can swim and that.
6 Apparently, his mother and grandmother were
7 using, let's say, heroin, and the boy wanted to
8 use it, and I remember reading the comments that
9 they had made or told the police was, you know,
10 if you're going to do it, go in the bathroom and
11 shut the door, I don't want to watch you
12 shooting up. So apparently he went in and used
13 it and came out, laid in bed, and the next thing
14 you know --

15 Q. And so -- so Andrew Frye passed away
16 in 2016 from overdosing on illegal either heroin
17 or some kind of fentanyl?

18 A. Right.

19 Q. Did that case take a toll on the
20 department?

21 MS. HERMIZ: Objection to form.

22 A. I don't want to say toll. I think
23 there was a lot of frustration with, you know,
24 how can a parent, you know, allow their kid, you
25 know, to do something like that. It's one thing

1 if a parent wants to do it, but to allow your
2 child to do something like that is beyond me.

3 Q. Sure.

4 Flipping two slides from that,
5 there's one that has a penny and an elephant and
6 it talks about carfentanil?

7 A. Right.

8 Q. Is this a slide you prepared?

9 A. Yes.

10 Q. And what does this slide illustrate?

11 A. Basically shows the -- the small
12 amount needed to cause death when using
13 carfentanil.

14 Q. All right. The next slide, this is
15 a quote attributed to someone from Cincinnati,
16 correct?

17 A. Correct.

18 Q. Is this some of the context that
19 relates to the comment in that Dispatch article
20 where you said it doesn't make any sense?

21 A. Yes.

22 Q. Are you aware of any Summit
23 County -- any similar comment from --

24 A. Well, you hear some of these stories
25 from -- you know, a lot of times we'll get, say,

1 an overdose of a victim and you're talking to
2 the friends who they live with or whatever, who
3 are also addicts, and they give you the story,
4 well, you know, they were always asking for the
5 stuff so-and-so was selling because it was
6 really potent, so, you know, you took it as,
7 well, that's one of the analogs probably mixed
8 in there, that's why it's so good. They were
9 always seeking out those types of deals so they
10 could get their fix.

11 Q. When you would get information like
12 that about so-and-so dealer, would you refer
13 that to law enforcement?

14 A. Yes.

15 A lot of times, you know, when it
16 comes to evidence and that -- you know, a lot of
17 times cell phones these days, you know, most
18 everything that the police needs are in those
19 cell phones, so, you know, a lot of times
20 like -- there are times when narcotics is tied
21 up where only patrol will show up and take an
22 incident report, and we'll do most of the
23 photography or all the photography and that at
24 the crime scene and take all the evidence. So,
25 a lot of times when we get, like, cell phones,

1 we can look -- if we can get in them, look at
2 text messages and that, and if there's something
3 there, we can call up the police and say, hey,
4 you might want to take this phone because, you
5 know, I think everything for your case is in
6 these text messages.

7 Q. Okay. Going to the next slide, it
8 says, "Opiate Challenges." What's the graphic
9 on the bottom right depicting?

10 A. Bottom right, the gentleman with the
11 computer?

12 Q. Yeah. It looks like he's got --

13 A. It was just showing -- that would be
14 like our business administrator pulling out
15 hair, trying to -- where is all this money going
16 to come from, how we going to pay for all this.

17 Q. Okay. And then it lists resources,
18 personnel costs and changing drug chemistries,
19 identifying responsible chemical, correct?

20 A. Correct.

21 Q. All right. That's it with that
22 exhibit.

23 MR. CARTER: Let's take a quick
24 break. I'm just going to organize a little bit
25 and try to move this as efficiently as possible.

1 THE VIDEOGRAPHER: Off the record,
2 2:59.

3 (Recess had.)

4 THE VIDEOGRAPHER: We're back on the
5 record, 3:18.

6 BY MR. CARTER:

7 Q. Mr. Guenther, if you would open
8 Exhibit 5 back up and go to the page that was
9 right after where we finished. It says,
10 "Synthetic Opiates."

11 MS. KEARSE: I thought you said you
12 were done with this exhibit.

13 MR. CARTER: I was. I was wrong.

14 Q. So the bottom entry on that page
15 says, "U47700." What's that?

16 A. It's fentanyl analog.

17 Q. And is there anything remarkable
18 about the way in which it's presented?

19 MS. HERMIZ: Objection to form.

20 Q. Let me ask it this way: What does
21 it look like?

22 A. I have no idea. I'm sure it comes
23 in a powder form.

24 Q. So I'd like to mark as Exhibit 6 --

25 A. Are we done with 5?

1 Q. Yes.

2 - - - - -

3 (Thereupon, Deposition Exhibit 6,
4 E-Mail String, was marked for
5 purposes of identification.)

6 - - - - -

7 Q. Okay. What I've marked as Exhibit 6
8 is a two-page e-mail chain with three pages of
9 attachments. The chain at the top is an April
10 13th, 2016 e-mail from Steve Perch to a Michael
11 Velten.

12 A. Okay.

13 Q. All right. And you see -- you see,
14 in that e-mail chain there's a substance listed
15 in the subject line that says, "U-47700 opioid."
16 Do you see that? It's in the subject line of
17 the e-mail on the first page.

18 A. Yes.

19 Q. Okay. And then it says, "Mimicking
20 Oxycodone." Do you see that?

21 A. Yes.

22 Q. Okay. And then there are some -- on
23 the second page it says, "Good afternoon, the
24 Lorain County Sheriff's Office recovered the
25 attached pills during a recent arrest. The

1 pills mimic a 30 milligram, A 215 oxycodone
2 hydrochloride. The substance of these pills is
3 not oxycodone hydrochloride, rather the research
4 chemical (RC) U-47700. The Lorain County
5 Crime/Drug Lab is the first in the nation to
6 identify and confiscate these U-47700 pills, as
7 per DEA Diversion Control Unit. U-47700 is
8 seven and a half times stronger than morphine.
9 This information is being passed for situational
10 awareness."

11 Do you see that?

12 A. Yes.

13 MS. HERMIZ: I'm just going to
14 object for the record. Foundation. He's not
15 even on this e-mail.

16 MR. CARTER: Okay. So a foundation
17 objection?

18 MS. HERMIZ: Sure.

19 MR. CARTER: Okay.

20 Q. So you see these photos that are
21 depicted?

22 A. Yes.

23 Q. Okay. Do you -- have you, in the
24 course of your investigations, ever come across
25 pills that the office determined were U-47700

1 mimicking oxycodone?

2 A. Not that I'm aware of.

3 Q. Do you know -- have you talked to
4 Mr. Perch about being on the lookout for
5 U-47700?

6 A. Usually, either when I -- I see
7 something and it's usually, you know, from a
8 newspaper article or something, some certain
9 area of the county is seeing a certain drug or
10 chemical, you know, I might go back in the
11 morning and say, hey, Steve, did you see in this
12 article they're finding such-and-such a drug.
13 Have we seen it? And Steve will -- also, Steve
14 talks to -- he knows all the people that run the
15 different crime labs throughout the state and
16 probably outside the state. So he's always
17 communicating back and forth with those
18 toxicologists to get information, so --

19 Q. As a general matter, when you see a
20 pill up at a scene, and you collect it as
21 evidence, you can look at it online or, you
22 know, try to find some kind of match, something
23 that looks like it, but at the end of the day
24 it's up to the toxicologist to identify what
25 specific substance?

1 A. Right.

2 Q. Because you can have situations
3 where substances mimic other substances?

4 A. Correct.

5 Q. Have you seen illegal drugs mimic
6 the appearance of a legal substance?

7 MS. HERMIZ: Objection to form.

8 A. I don't remember ever seeing it.

9 Q. Okay.

10 A. Mr. Perch might be able to answer
11 that question better.

12 Q. All right. You can put that aside.

13 A. Okay.

14 Q. In the course of your 30 years, have
15 you ever reached out to a retail pharmacy to
16 talk about ways that they could play a role in
17 dealing with overdoses that Summit County was
18 seeing?

19 A. No.

20 Q. Have you ever reached out to a drug
21 distributor to discuss overdoses in Summit
22 County?

23 A. No.

24 Q. Have you ever reached out to a drug
25 manufacturer to discuss opiate overdoses in

1 Summit County?

2 A. No.

3 Q. All right. I'd like to mark as
4 exhibit -- where are we, Exhibit 7?

5 - - - - -

6 (Thereupon, Deposition Exhibit 7,
7 E-Mail String Beginning Bates Stamp
8 SUMMIT_000201499, was marked for
9 purposes of identification.)

10 - - - - -

11 Q. Exhibit 7 is Bates number
12 SUMMIT_000201499 through 501, and then there's a
13 native file that has a couple graphics as the
14 last page, but does not have a production Bates
15 number.

16 All right. Mr. Guenther, Exhibit
17 27 -- or, excuse me, Exhibit 7 includes -- at
18 the top, it's an e-mail from Dr. Kohler to
19 Alyssa Schmitt, and then you're copied, correct?

20 A. Correct.

21 Q. Do you know who Ms. Schmitt is?

22 A. Offhand, no.

23 Q. Okay. Now, according to this e-mail
24 chain, at the very end it says she's a
25 reporter -- you know, she's an intern for a TV

1 station and a reporter for a Kent State
2 periodical. Do you see that on the last page
3 under her e-mail heading?

4 A. Yes.

5 Q. Okay. And then she indicates in the
6 e-mail, October 6th, at 4:09 p.m. to Dr. Kohler,
7 subject line, "Summit County Heroin Death Rate,
8 Good afternoon Dr. Kohler. I'm working on a
9 project for Channel 3 about heroin and other
10 drugs. I want to find a data on deaths in
11 Summit County for just heroin, fentanyl and then
12 a count of deaths by a combination of drugs for
13 this year and also last year if you have that
14 data."

15 Do you see that?

16 A. Yes.

17 Q. And then Dr. Kohler responds -- and
18 this is before she copies you. She says, "We do
19 not have up-to-date numbers to provide you. We
20 continue to see a regular influx of overdose
21 deaths at a rate of 1 to 4 OD deaths most days.
22 Since the July 4th weekend we have seen at least
23 75 carfentanil overdose deaths. The vast
24 majority of the overdose deaths are due to
25 fentanyl and fentanyl analogs but we continue to

1 see cocaine, methamphetamine and heroin in the
2 mix of drugs identified."

3 Did I read that correctly?

4 A. Yes.

5 Q. And then at the end of the chain,
6 where you're -- then you get copied, and then
7 Dr. Kohler transmits a data chart that says,
8 "Here is the data that I compiled for the past
9 five years." Do you see that, in that top
10 e-mail?

11 A. Okay. Okay.

12 Q. And then that last page is a chart
13 of the data that Dr. Kohler provided, correct?

14 A. Correct.

15 Q. All right. And is Dr. Kohler's
16 response to Ms. Schmitt summarizing the
17 carfentanil overdose deaths and the fentanyl and
18 fentanyl analogs -- that's all consistent with
19 what we described earlier today?

20 A. Yes.

21 Q. And what you observed firsthand in
22 the investigations at that time period, correct?

23 A. Correct.

24 Q. Okay. I'd like to look at an e-mail
25 from you -- we're going to mark it as Exhibit 8.

1 - - - - -
2 (Thereupon, Deposition Exhibit 8,
3 E-Mail String Beginning Bates Number
4 SUMMIT_000201174, was marked for
5 purposes of identification.)
6 - - - - -

7 Q. I made this a composite exhibit. It
8 has three different e-mails in it. We're going
9 to put them together in the interest of time.
10 The Bates pages for Exhibit 8 are
11 SUMMIT_000201174, page 2 is 000028691, and page
12 3 is 000201173. Take a look at that, and we'll
13 just go from front to back.

14 The first page is an e-mail from
15 Dennis, and I'll spell his last name,
16 C-a-u-c-h-o-n, from a group, according to his
17 e-mail address, Harm Reduction Ohio.

18 Do you see that?

19 A. Yes, sir.

20 Q. Do you know who that gentleman is?

21 A. No. I can tell you he calls in
22 every -- periodically to get our overdose
23 numbers. Personally, I do not know him.

24 Q. He's one of those examples of
25 someone in the public or the media making a

1 request for information from your office?

2 A. Correct.

3 Q. And that's one of those things that
4 you would field?

5 A. Correct.

6 Q. So he wrote to you in February of
7 this year and says, "The preliminary report you
8 sent a couple weeks ago has only one overdose
9 death in December and three in November. Are
10 those numbers still valid? If so, an amazing
11 decline in overdoses. Some other counties
12 appear to have had sharp drops in the second
13 half of 2017, too."

14 Did I read that correctly?

15 A. Correct.

16 Q. Okay. And do you remember your
17 response to him and whether that data that you
18 had was correct in terms of the preliminary
19 report?

20 A. I can tell you what I do. I go into
21 the database with him, punch in the dates --
22 usually it's, say, January 1st through December
23 31st -- pull up all overdoses confirmed, which
24 means, you know, overdose was the cause of
25 death. I e-mail that to him. And that's

1 basically -- then sometimes follow up with
2 questions that reference those -- those that I
3 send him.

4 Q. So you -- you take the requests,
5 you've put in the parameters, and you
6 mechanically generate and transmit the data?

7 A. Right.

8 Q. Page 2, from the same gentleman, the
9 same day, a couple minutes later, almost an hour
10 later. He says, "Thanks. Can you send the
11 report for 2016? The drop in overdoses in the
12 last few months is breathtaking and I'd like to
13 be able to explain this breath of good news."
14 And then you responded about an hour later,
15 "There are several 2017 cases still not signed
16 out. Here is a list of presumed overdoses."
17 Correct?

18 A. Correct.

19 Q. And that's an example of you
20 responding to the data, correct?

21 A. Yes.

22 Q. All right. Then on the last page,
23 also from that same day, he writes, "This makes
24 me smile (only a couple hundred overdose
25 deaths.) Thanks for the data." And then the

1 response, it says, "It looks like from every" --
2 or, excuse me, "It looks like from reviewing the
3 numbers, we still have roughly 100 less overdose
4 deaths in 2017."

5 Did I read that correctly?

6 A. Correct.

7 Q. All right. Do you have any
8 explanation for the decrease in overdose deaths
9 that the office has seen?

10 MS. HERMIZ: Objection to form.

11 A. I can tell you what my opinion is,
12 and that's the availability of Narcan. It
13 doesn't mean there's not overdoses going on. It
14 just means that they're being treated in
15 emergency rooms or by paramedics and not dying.

16 Q. Have you pulled data from Summit
17 County EMS or the fire or the police to confirm
18 that theory?

19 A. I haven't.

20 I think, over in the past month or
21 two, I've been on the health department website
22 and briefly looked at that.

23 I know the Beacon Journal puts out
24 an article once a week about the people -- the
25 number of people and their ages being treated in

1 emergency rooms during that -- that week.

2 Q. Okay. In the course of your time
3 with the department, have you ever sourced a
4 prescription opioid death to a particular drug
5 manufacturer?

6 A. No.

7 MS. HERMIZ: Objection to form.

8 Q. In the course of your time at the
9 department, have you ever sourced a particular
10 prescription opioid death to a particular drug
11 distributor?

12 MS. HERMIZ: Same objection.

13 A. No.

14 Q. During the course of your time have
15 you ever sourced a prescription opioid death to
16 a particular retail pharmacy?

17 MS. HERMIZ: Same objection.

18 A. No.

19 Q. In terms of the database, have there
20 ever been times when there were glitches or
21 problems in terms of the data that would be
22 output when you guys would run the statistics
23 queries?

24 MS. HERMIZ: Objection to form.

25 A. I've known requests have come in --

1 you know, that database is set up for only
2 certain information, usually case numbers;
3 usually names aren't associated with it, and so
4 forth. So requests have come in where, you
5 know, I don't know how to fill that request
6 because it needs a different query. So like
7 Denice will call IT, explain what we need, and
8 go from there. I can't recall it ever, you
9 know, printing out misinformation. It's all
10 been we've needed different information than
11 what was originally on that database.

12 Q. I'm going to mark as Exhibit 9
13 another example of an e-mail exchange between
14 you and that gentleman that we just saw in the
15 last exhibit --

16 A. Okay.

17 Q. -- from 2018.

18 - - - - -

19 (Thereupon, Deposition Exhibit 9,
20 E-Mail String Beginning Bates Number
21 SUMMIT_000201177, was marked for
22 purposes of identification.)

23 - - - - -

24 Q. Exhibit 9 is Bates SUMMIT_000201177,
25 1175 and then 2035.

1 So on the first page of Exhibit 9
2 Mr. Cauchon e-mailed you, on February 10th of
3 2018, subject line, "2017 Drug OD." He wrote,
4 "A question on the overdose list you forwarded
5 January 9th. What does it mean when cause of
6 death has different drug info than the
7 toxicology results? For example, in this one
8 cause of death cites carfentanil, heroin and
9 methadone while toxicology lists only
10 carfentanil. Thanks."

11 And so, in response to that, it
12 looks like on page 2 you indicated, if we go the
13 second e-mail from the top, "I will have to look
14 at the case on Monday."

15 Do you see that?

16 A. Yeah.

17 Q. And then he responds to you, "You
18 shouldn't be working. I just used that as an
19 example. There are many cases where it says,
20 for example, cause of death, meth and fentanyl
21 but toxicology only gives one drug. I thought
22 it might be because the toxicology entry doesn't
23 always list every drug found. But maybe not.
24 Perhaps the toxicology entry is the correct one
25 and it turns out, for example, that meth wasn't

1 involved."

2 And then you responded a couple days
3 later, "I looked at that case and actually all
4 three of the drugs were present on the tox
5 report."

6 So in terms of -- well, first of
7 all, do you remember this exchange, having
8 now --

9 A. Briefly, yeah.

10 Q. -- looked at the e-mail?

11 So is that a problem with the
12 database in terms of the data that it spits out
13 and whether it lists everything that's in the
14 case file or on the tox report?

15 MS. HERMIZ: Objection to form.

16 A. I know the tox reports will be
17 listed, the drugs found. You know, I think it's
18 safe to say most forensic pathologists -- I
19 mean, there's not a certain way you sign on a
20 death certificate. You could put -- they can
21 word it however they want. So, yeah, I'm not
22 sure why that is. And, again, I probably would
23 have went back and asked Steve. That's more of
24 a question for Steve or Dr. Kohler on something
25 like that.

1 Q. Okay. Let's take a look at another
2 one. We're going to mark this as Exhibit 10.
3 This is a one-page e-mail, SUMMIT_000028708.

4 - - - - -
5 (Thereupon, Deposition Exhibit 10,
6 E-Mail String Bates Numbered
7 SUMMIT_000028708, was marked for
8 purposes of identification.)

9 - - - - -
10 Q. And you see, on the bottom of the
11 page, Dr. Kohler is writing to a Stephen Byrne
12 from Summit, Ohio. Who's Stephen Byrne?

13 A. That is -- I think he's from the
14 county IT department.

15 Q. And she copied you and Ms. DiNapoli,
16 correct?

17 A. Okay. Yes.

18 Q. It says, "Database Questions."
19 Dr. Kohler wrote, "Stephen, I am not sure where
20 the issue is in our database, but we continue to
21 get requests for numbers of overdoses and when
22 we ask the database for the number of presumed
23 cases, we are getting only about 30 to 40, which
24 I know is not reflective for the year. I do not
25 know if it is a problem with the database, a

1 problem with data entry or just that we are
2 behind on processing our cases. It appears that
3 the other major counties are able to provide
4 relatively up-to-date information, but we are
5 struggling. Do you have any insight as to
6 whether or not the issue is related to the
7 database itself or other external issues?"

8 Did I read that correctly?

9 A. You read it correctly.

10 Q. And then Mr. Byrne responds, "Part
11 of the issue is unfortunately the way the query
12 was set up and how the database is deployed. We
13 don't have a clear answer for this yet, but we
14 are working on it. One answer is to adjust the
15 deployment of the database. This will take some
16 time to put together but doable. As for getting
17 the right amount of data back on the query, we
18 will look into this right away."

19 Did I read that correctly?

20 A. Yes.

21 Q. Do you recall whether this issue was
22 resolved to the medical examiner office's
23 satisfaction?

24 A. It had to be because I haven't heard
25 any complaints.

1 Q. Since that time?

2 A. Since recently.

3 Q. In terms of the details of -- go
4 ahead.

5 A. Part of the problem with the way the
6 database was set up, we were getting a bunch of
7 requests for, say, heroin deaths. Well, the
8 question came up, what happens to those deaths
9 where there's heroin and cocaine or heroin and
10 fentanyl. Is it classified as a heroin death?
11 Is it classified as a fentanyl death? So, you
12 know, actually, it's a combination of both.

13 So when they call in and just -- I'm
14 to the point now where you'll call in and ask
15 for, say, heroin deaths. Well, do you want just
16 straight heroin, or do you want where heroin is
17 mixed with, you know, another -- like
18 carfentanil or fentanyl. So I'm to the point
19 now where I just hit the "all overdose" buttons
20 and let them figure out, you know, what's a
21 heroin overdose and what's another type of
22 overdose, you know. I'm not going to, you know,
23 in 2016, go through 360-some cases to figure out
24 which ones are heroin overdoses and which
25 ones -- so that was part of the problem with the

1 database, people were asking specifically how
2 many heroin overdoses do you have. Well --

3 Q. In terms of inquiries into the
4 database, before you had the electronic system,
5 what would you do if you got -- let me ask, did
6 you get questions about the number of overdoses
7 in 2000?

8 A. I'm -- I'm sure we got media
9 inquiries. I'm not sure -- that was before my
10 time, before I handled news media. I'm sure the
11 investigator, chief investigator did at the
12 time. A lot of times it would -- the response I
13 know would be, we'll get back with you. Then
14 he'd go get those books that we kept before the
15 computers, and we would find information that
16 way to give it to him.

17 Q. Okay. I want to show you a couple
18 documents that we talked about earlier and make
19 sure that we've identified them correctly and
20 that I understand their role in your job.

21 - - - - -

22 (Thereupon, Deposition Exhibit 11,
23 Investigator Manual Table of
24 Contents, Revised September 2009,
25 Beginning Bates Number

1 SUMMIT_001011269, was marked for
2 purposes of identification.)

3 - - - - -

4 Q. So I've marked as Exhibit 11 what I
5 understand from the title is the "Investigator
6 Manual" as of September 2009.

7 A. Yes, sir.

8 Q. Is that correct?

9 A. Yes.

10 Q. The Bates number, for the record, is
11 001011269 through 11327.

12 When you came to the department --
13 well, strike that.

14 This manual was subsequently
15 revised, correct?

16 A. Yes.

17 Q. What's the current version that you
18 use?

19 A. The most recent.

20 Q. Fair.

21 Do you recall when the most recent
22 version --

23 A. No.

24 Q. -- went into effect?

25 A. And, actually, it needs updated, but

1 we are in the process of getting a new case
2 management system, so we are holding off until
3 that system is implemented.

4 Q. Do you know what's going to change
5 about the new case management system?

6 A. It's going to be our new case
7 database system.

8 Q. Are there any non-technical aspects
9 of those changes that you understand in terms of
10 the new database and why you're going to it?

11 A. I think it's just for better
12 tracking case management.

13 Q. Did you play any role in the process
14 of recommending the need for a new database?

15 A. No.

16 Q. Any role in making requests for what
17 a new database should include?

18 A. They've asked my opinions on the --
19 the -- as they're setting up the programs,
20 what's needed for investigators, and I put in a
21 little bit of input. Amy has done most of the
22 work for this new system.

23 Q. Do you remember any requests that
24 you made for your department?

25 A. Just contacts for, like, you know,

1 police and fire and, you know, hospitals.

2 Q. So merging the directory with the
3 database?

4 A. Yes.

5 Q. Anything else you remember?

6 A. If I'm not mistaken, this program is
7 going to be a one-shop, so track our evidence,
8 track -- I mean, everything is going to be
9 tracked through this new data system, case data
10 system.

11 - - - - -
12 (Thereupon, Deposition Exhibit 12,
13 Investigator Manual Table of
14 Contents, Revised May 2016,
15 Beginning Bates Number
16 SUMMIT_001128715, was marked for
17 purposes of identification.)

18 - - - - -
19 Q. I'm going to hand you what I've
20 marked as Exhibit 12. This is SUMMIT_001128715
21 through 28775. What's Exhibit 12?

22 A. This is a revised copy of the
23 investigator manual.

24 Q. Effective?

25 A. May 2016.

1 Q. Is this the current version?

2 A. That's the current version.

3 Q. You said that there is -- you're due
4 for another revision. What needs to be changed
5 from this version?

6 A. I think the way we track evidence in
7 that and sign in -- minor stuff on protocol is
8 going to change with regards to signing in
9 evidence and so forth.

10 Q. Okay. I've got a couple questions
11 about the changes between the 2016 version and
12 the 2019 version. So --

13 A. Where we at?

14 Q. -- if you turn to Bates -- so the
15 Bates numbers are those little tiny numbers at
16 the bottom of the page.

17 A. So which --

18 Q. Exhibit 12, so the one on your
19 right, if you look at Exhibit 12 --

20 A. Okay.

21 Q. I'm not going to make you do a side
22 by side.

23 A. Okay.

24 Q. I've got a couple things I just want
25 to ask you about.

1 A. Okay.

2 Q. So in Exhibit 12, if you turn to
3 Bates page -- the one that ends in 7138. It's
4 about halfway through the document, and it
5 should, at the top of the page, have a
6 subsection G --

7 A. Okay.

8 Q. -- that talks about past medical
9 history of the decedent. Do you see that?

10 A. "The second paragraph should provide
11 the pertinent past medical history of the
12 decedent."

13 Q. Okay. So this page and the page
14 that follows and the first half of the page
15 after that are all new editions to the 2016
16 version of the manual. Do you -- did you play
17 any role in the creation of this content on
18 these two and a half pages of --

19 A. This is basically examples how --
20 Dr. Sterbenz is a stickler on final
21 investigation reports. This is a guide by him
22 of what needs to be included in those final
23 investigation reports.

24 Q. So these additions to the manual
25 were then laid out by Dr. Sterbenz?

1 MS. HERMIZ: Objection to form.

2 Q. This is what --

3 A. I'm sure he sat down with
4 Dr. Kohler, and Dr. Kohler --

5 Q. Okay. Did you sign off on these?

6 A. Dr. Kohler issues these. I don't --
7 yeah. Like I said before, she'll send me a --
8 before she puts it out, she'll send either
9 myself and Amy and say, hey, do you see anything
10 that needs changed or any corrections?

11 Q. Okay. If you turn to Bates page
12 756, do you see there's a heading in the middle
13 of the page that says, "Prescription
14 Medication"?

15 A. Yes.

16 Q. And then at the end of that section,
17 if we turn to the next page, under item number
18 11, it says, "All medication brought into the
19 office during an investigation will be entered
20 into the electronic drug database maintained by
21 the chief investigator."

22 You see that, right?

23 A. Yes.

24 Q. We talked about that earlier,
25 correct?

1 A. Correct.

2 Q. Was this added to the manual as part
3 of that Summit County audit that you talked
4 about?

5 MS. HERMIZ: Objection to form.

6 A. I can't for sure say. I believe so.

7 Q. A couple other things I want to show
8 you. So we are up to Exhibit 13.

9 - - - - -

10 (Thereupon, Deposition Exhibit 13,
11 E-Mail String Beginning Bates Number
12 SUMMIT_000099406, was marked for
13 purposes of identification.)

14 - - - - -

15 Q. Exhibit 13 is Bates
16 SUMMIT_000099406. Have you seen this before,
17 this e-mail chain?

18 A. That had to be when we were audited
19 back in 2013.

20 Q. And it includes some correspondence
21 between you and a couple of different folks in
22 the department, correct?

23 A. Right.

24 Q. And it says -- the subject line is
25 "Flow Charts for Decedent Inventory," correct,

1 is the subject line of the e-mail?

2 A. Yes.

3 Q. All right. And then attached to
4 this e-mail are a couple pages of flow charts,
5 correct?

6 A. Correct.

7 Q. Are these flow charts the current
8 protocols in terms of the chain of custody of
9 the materials that are referenced at the title
10 of each flow chart?

11 A. Yes, but I can tell you, like for
12 guns, I don't accept guns anymore. I make law
13 enforcement take those.

14 Q. So let's go through -- so the first
15 chart that's in the e-mail has an X-4 at the top
16 right --

17 A. Okay.

18 Q. -- and it says, "Summit County
19 Executive Office, Medical Examiner, Decedent
20 Inventory, Collection/Storage of Physical
21 Evidence," correct?

22 A. Correct.

23 Q. That's the current protocol in terms
24 of chain of custody of physical evidence for the
25 department?

1 A. Yes.

2 Q. Now, in the e-mail chain it
3 references some comments and revisions that you
4 made to this. Do you know, from looking at the
5 face of Exhibit 13, what changes you made?

6 A. No. I can't tell you.

7 Q. Okay. On page -- the next page of
8 the flow charts, X-1, it says, "Collection and
9 Storage of Guns." You just indicated a moment
10 ago you no longer accept them?

11 A. Correct.

12 Q. When did that change?

13 A. I can't remember a year, but it's
14 been several years.

15 Q. Do you remember what changes you
16 made to this flow chart?

17 A. No.

18 Q. The next flow chart, X-2, says,
19 "Collection/Storage of Drugs." Is this the
20 current protocol for the collection and storage
21 of drugs?

22 A. Yes.

23 Q. Do you recall the changes that you
24 made to this flow chart referenced in the
25 e-mail?

1 A. No.

2 Q. With respect to these flow charts
3 that I've shown you so far and that are marked
4 as Exhibit 13, are you aware of draft versions
5 or prior versions that exist?

6 A. No.

7 Q. Okay. All right. Then the last
8 flow chart, X-3, says, "Collection/Storage of
9 Personal Property." Do you see that?

10 A. Yes.

11 Q. Is this the current chain of custody
12 protocol for the collection and storage of
13 personal property?

14 A. I think the only change that was
15 made is we talked to probate, you know, and said
16 \$500 is too small of an amount or we're going to
17 be down at your office every day bringing
18 property down, so we got permission to raise
19 that, doubled it to like a thousand dollars, so
20 --

21 Q. Do you remember when that change
22 went into effect?

23 A. That had to be a couple years ago.

24 Q. Okay. Two more exhibits I want to
25 show you.

1 THE VIDEOGRAPHER: Can I can change
2 the video at this point?

3 MR. CARTER: Sure. I've got four
4 minutes, but I defer to you.

5 THE VIDEOGRAPHER: We need to change
6 it.

7 MR. CARTER: We need to change it.
8 Okay. We'll change it.

9 THE VIDEOGRAPHER: Off the record.
10 (Recess had.)

11 THE VIDEOGRAPHER: We're back on the
12 record, 4:02.

13 - - - - -

14 (Thereupon, Deposition Exhibit 14,
15 Information Handbook Office of the
16 Medical Examiner County of Summit
17 Beginning Bates Number
18 SUMMIT_000201655, was marked for
19 purposes of identification.)

20 - - - - -

21 BY MR. CARTER:

22 Q. All right, Mr. Guenther. I've
23 marked as Exhibit 14 the Information Handbook,
24 Office of the Medical Examiner, County of
25 Summit, issued February 2006, Bates numbered

1 SUMMIT_000201655 through 669. I hand that to
2 you.

3 Do you recognize that document?

4 A. Yes.

5 Q. And within this information handbook
6 it includes, among other things, a section of
7 frequently asked questions, things that the
8 public might want to know about when bodies are
9 released, when autopsies are performed, how to
10 interact with the investigators, correct?

11 A. Correct.

12 Q. Have you provided comments or
13 revisions to this handbook over the years?

14 A. I have not personally.

15 Q. Okay. To your knowledge, is the
16 handbook an accurate recitation of how your
17 office works?

18 A. Yes.

19 - - - - -

20 (Thereupon, Deposition Exhibit 15,
21 Information Handbook County of
22 Summit Medical Examiner Beginning
23 Bates Number SUMMIT_000099204, was
24 marked for purposes of
25 identification.)

1 - - - - -

2 Q. I'd like to show you Exhibit 15,
3 which is a more recent version of the same
4 general document. It's the Information
5 Handbook, County of Summit Medical Examiner,
6 revised August of 2014, Bates Summit_000099204
7 through 220.

8 Mr. Guenther, have you seen that
9 before?

10 A. Yes.

11 Q. Is that the current edition of the
12 office's information handbook to the best of
13 your knowledge?

14 A. Yes.

15 Q. Okay. Are you aware of whether
16 there is a new one in the works?

17 A. Not to my understanding, no, I don't
18 believe so.

19 MR. CARTER: All right. In the
20 interest of time at this point, I'm going to
21 hand over the examination to counsel for some of
22 the other Defendants. It was a pleasure meeting
23 you and thank you for answering my questions.

24 THE WITNESS: Okay.

25 THE VIDEOGRAPHER: Off the record.

1 (Short recess had.)

2 THE VIDEOGRAPHER: We're back on the
3 record, 4:06.

4 EXAMINATION OF GARY GUENTHER
5 BY MS. O'GORMAN:

6 Q. Good afternoon, Mr. Guenther. My
7 name is Debra O'Gorman and I represent Purdue in
8 the lawsuit that was brought by the county.

9 I'm just going to ask you some
10 follow-up questions, some of which will be just
11 to cover up some areas that were covered by
12 Mr. Carter and a few other questions that I
13 would like to ask you.

14 You mentioned during your testimony
15 that there's an HR person responsible for the
16 medical examiner's office?

17 A. Yes.

18 Q. Who is that?

19 A. Summit County has their own human
20 resource department that's located in the Pry
21 Building, which is on South Main. I know Steve
22 Krier is one of them. There's, like, three of
23 them. We got one main one. Then if she's
24 unavailable, you know, there's a list of, like,
25 two others that fall under our department.

1 Q. And how do those HR employees
2 interact with the medical examiner's department?

3 A. Usually if there's a discipline
4 problem with an employee, you know, Dr. Kohler
5 will contact them. The most I've dealt with
6 them is during the hiring process they sit in on
7 all the interviews. They screen the applicants
8 before, you know, they get to -- to us. So
9 they're there through the whole interview and
10 hiring process for us.

11 Q. Okay. You spoke earlier in your
12 deposition about taking death calls. Who are
13 those calls coming in from?

14 A. If they're -- excuse me. We get
15 death calls from hospitals, so usually -- and in
16 the hospital it's usually one of the medical
17 residents or a nurse that reports the death to
18 us. Sometimes, you know, if they die during a
19 surgery, the surgeon will call quickly.
20 Usually -- from Children's Hospital it's usually
21 the doctors that -- attendings that call and
22 report to us.

23 If a person dies outside of a
24 facility, say at home or a traffic crash or
25 whatever, the majority of the time it's the

1 paramedic on scene that will call and give us
2 the basic information, or sometimes law
3 enforcement. It depends on what jurisdiction.

4 Q. Okay. And you mentioned when a call
5 comes in, a worksheet is prepared. Is that a
6 paper document currently?

7 A. Yes.

8 Q. And is it filled out by hand?

9 A. Some investigators -- I fill all --
10 all mine out by hand. I'm old school. I do
11 it -- some of them will write it down on a
12 notepad, then they get the form saved on their
13 computer and just fill in the blanks, then typed
14 in there on the computer, and then print it out.

15 Q. And then you mentioned that the
16 worksheet is maintained in a case file?

17 A. Yes.

18 Q. Is that a paper file?

19 A. Yes.

20 Q. Are those paper files ever scanned
21 and stored as a part of an electronic file?

22 A. Eventually, when we run out of
23 storage or space at the medical examiner's
24 office and we need more space, we'll purge the
25 old, old files. Most of the time when we

1 purge -- you know, everything in a homicide case
2 is kept. On other cases, you know, we'll purge
3 the -- everything except for what we produced,
4 like medical records, police reports. We'll
5 purge those. Or you shred those reports and
6 just put on disc what we have maintained.

7 Q. Do you know for what period of
8 time -- are you still currently shredding
9 certain files --

10 MS. HERMIZ: Objection to form.

11 Q. -- in the office?

12 A. Once they get purged --

13 Q. And what time period are files being
14 purged from, what dates?

15 MS. HERMIZ: Objection to form.

16 A. It all depends on when it gets full.

17 Q. Do you know the last date for which
18 files were purged?

19 A. I want to say they're -- they're
20 older than eight, ten years; older than -- you
21 know, 2010, 2011 and older might be purged.

22 Q. Okay. Do you recall the last time
23 the purging process took place?

24 MS. HERMIZ: Objection to form.

25 A. No.

1 Q. Have you ever been asked to stop
2 purging files?

3 MS. HERMIZ: Objection to form.

4 A. Have I ever been asked to -- well,
5 when we run out of room, I have no option.

6 Q. You mentioned something about a
7 Jeter system. What is that?

8 A. It's just like a file system where
9 all your case files go in. It's something on
10 wheels where you can put cases going in from
11 both sides.

12 Q. Okay.

13 A. And it's all wheels, and there's,
14 like, four or five of them that you can put --

15 Q. It's been a while since I've seen
16 one, but I do know what you're talking about.

17 You also mentioned that you have
18 certain manuals in the office. Are those paper
19 books or looseleaf binders? What are those
20 manuals that you had?

21 A. Manuals?

22 MS. HERMIZ: Objection to form.

23 Q. You said you had manuals and books
24 on death investigations.

25 A. Usually those are books.

1 Q. Are they textbooks?

2 A. Textbooks.

3 Q. Are they books -- are they manuals
4 created by your office?

5 A. No. Usually -- I know there's one
6 from Dr. Spitz, who is a renowned forensic
7 pathologist that handles high-profile cases.
8 He's got a -- a death investigation manual,
9 handbook, manual, hard back that's out. And
10 DiMaio was another one that's got several books
11 out. You know, we just got it for, you know,
12 resource information.

13 Q. Is that something that you, as an
14 investigator, will review?

15 A. I've reviewed them in the past. You
16 know, we get interns that come in, and all our
17 new hires will -- will read those, and we give
18 the interns those books also to review.

19 Q. Do you have interns in the
20 investigation department?

21 A. Every once in a while.

22 Q. Under what circumstances do you
23 bring an intern in?

24 A. Right now, downtown sends them and
25 takes somebody, senior administration, under --

1 Ms. Shapiro assigns them. Usually they're --
2 they're college students that need so many hours
3 of internship.

4 Q. Okay. Now, when an investigator
5 goes to a death scene, you mentioned that notes
6 are taken. Where are those notes maintained?

7 A. Some people take their notes --
8 take, like, a blank investigation form and write
9 all their notes, scribble on that. Personally,
10 I take one of those, like, reporter notebooks,
11 small notebooks, and take my notes on that. And
12 once I get back, I transfer those notes onto the
13 investigation form. I know I keep those in an
14 envelope in a case file, you know. Once it's
15 transcribed onto the initial or final worksheet,
16 the investigators probably discard their --
17 their scribbled notes and that.

18 Q. Is it your practice to discard your
19 handwritten notes?

20 A. If they've already been transcribed
21 onto the worksheet.

22 Q. How long is a typical death
23 investigation from the investigator's
24 perspective?

25 MS. HERMIZ: Objection to form.

1 A. How -- I mean, that's hard to -- it
2 depends on when you get all your records in.
3 Sometimes, you know, records can be delayed
4 getting to you for some reason, problems on the
5 other side obtaining those records. So, you
6 know, that might delay an investigator, you
7 know, a week or two before they can write their
8 final report until they get those records.
9 Usually the -- the doctor, Dr. Kohler, prefers
10 the investigator to have their final
11 investigation report written within, you know,
12 six weeks, four to six weeks from the date of
13 death.

14 Now, there are some times, like I
15 said, when records are delayed. Sometimes we're
16 held up by other agencies, they're not completed
17 with their investigation. So, you know, some of
18 those cases can take a lot longer.

19 Q. When you request medical records, do
20 you need written permission from the next of kin
21 --

22 A. No.

23 Q. -- or anybody else?

24 A. No.

25 Some of the facilities that we order

1 from will request written, you know -- a written
2 authorization from us to release those from what
3 we want. You know, I've called a doctor's
4 office in the past, you know -- some of these
5 doctors and their staff I know because I've been
6 doing this for 30 years -- hey, so-and-so died.
7 You know, I need records on that person. Oh,
8 sure. What's your number? I'll send them right
9 over. So it all depends on where you're getting
10 them from, whether or not they need written --

11 Q. And when is it determined that the
12 investigation is complete? How is that decision
13 made?

14 A. Well, a case is not completed until
15 Dr. Kohler -- once the investigator's part of it
16 is done, then it gets turned in and eventually
17 goes to the doctor that did the exam, whether it
18 be Dr. Kohler or Dr. Sterbenz right now. They
19 might be waiting on more toxicology tests. They
20 might need to review histology. So, you know, I
21 tell families now for a case to be completed,
22 it's usually running about 14 to 16 weeks from
23 the date of death before you can obtain a
24 report. And things have changed now. I mean,
25 talk about toxicology, with the analogs and

1 that, we've had -- we've had to send out to
2 outside forensic labs, so it's out of our hands
3 when we get those results, so --

4 Q. And that could add to the time
5 period it would take?

6 A. Right.

7 Q. Okay. Now, you mentioned that some
8 of your investigators work the night shift. Do
9 they have assistance in follow-up during the
10 daytime hours if they are unable to reach
11 hospitals --

12 A. Yes.

13 Q. -- or other people that they might
14 need?

15 A. Yes. They shift investigators. You
16 know, for the most part Monday through Friday I
17 have at least two daytime investigators working,
18 plus there's myself and Amy, who's the
19 investigator supervisor. So technically there's
20 four of us there. So one of us will follow up
21 ordering records for a case if need be. And the
22 night investigators are good. You know, when
23 you walk in in the morning, it's, hey, Gary, I
24 need this, this and this on this case, can you
25 make sure somebody orders it for me?

1 Q. Will the other investigators assist
2 with interviews for those night investigators if
3 they can't reach whoever they need to speak to
4 --

5 A. Right.

6 Q. -- during the nighttime hours?

7 A. Yes. A lot of time it's follow-up
8 with family, maybe trying to get more
9 information. We'll contact those people during
10 the day.

11 Q. You mentioned in your testimony that
12 law enforcement has been going after sellers of
13 drugs. Do you know since when that has been the
14 case?

15 MS. HERMIZ: Objection to form.

16 A. I think they've always -- I mean,
17 even when I was a drug agent, we went after drug
18 dealers. I think they've gone after these
19 sellers more hard when deaths are involved and
20 charging them with the manslaughter charges and
21 all that. I think they really started pushing
22 that in, you know, 2013, '14, '15.

23 Q. And has your office assisted law
24 enforcement in those efforts?

25 A. We've helped gather information,

1 but, you know, we don't do criminal
2 investigations. I mean, my investigators aren't
3 allowed to go out and make arrests or anything.
4 But there's been times where, you know, say I'm
5 close to a family and they, you know, always
6 call me for info. One of the detectives will
7 call over and say, hey, can you find this out
8 for me when you talk to so-and-so. Sure.

9 Q. You mentioned that property can be
10 given by the medical examiner's office to the
11 police department; is that right? So you
12 mentioned giving a phone to the police
13 department?

14 A. Yeah. And at that point it's
15 considered evidence from my standpoint, so yeah,
16 we can turn that over.

17 Q. And how is that process done?

18 MS. HERMIZ: Objection to form.

19 Q. In other words, do you wait for the
20 police to ask you for the evidence or do you
21 just decide --

22 A. Sometimes -- sometimes when we're at
23 the scene, we're there at the same time as the
24 narcotic detectives, so, you know, right there
25 they'll say, hey, we want to take the phone,

1 okay. We need to take the powder or syringe
2 with us. So we work hand in hand. And usually
3 what happens is, you know, when they're not at
4 the scene, say it happens on a Saturday, they'll
5 call in Monday and say, hey, what does the death
6 of this person look like, and if it's an
7 overdose, hey, do you have any evidence or
8 property, like cell phones there, that we can
9 pick up. That's how that goes. Yeah. Sure.
10 We'll sign it over to you.

11 Q. Will you also turn over any samples
12 that were collected from the scenes?

13 A. At times we've given, yes.

14 Q. And would it be typical to give over
15 everything that was collected or just some of
16 it?

17 A. If it's been to the point where it's
18 packaged up and sealed and I've taken it back to
19 the cage, I don't open envelopes. They get
20 whatever is in there, everything or nothing.

21 Q. You mentioned in your response to
22 some earlier testimony that you have identified
23 prescription drugs based on their physical
24 appearance and looking at charts available on
25 the internet.

1 Do you recall that testimony?

2 A. Yes.

3 Q. Do you ever send what you believe to
4 be prescription drugs to a toxicology lab for
5 testing?

6 A. I think there's been times where
7 Mr. Perch will do the testing and he's gotten
8 results that weren't expected, so he'll come up
9 and look at the -- the pills or whatever
10 evidence we brought back and possibly test
11 those.

12 Q. So if you identify a pill, based on
13 physical appearance, as being a prescription
14 drug, do you do -- on your own do anything more
15 with that?

16 A. No.

17 Q. You just assume it's the
18 prescription drug that it looks like?

19 MS. HERMIZ: Objection to form.

20 A. Yes.

21 Q. We talked a little bit about this
22 new database that is going to be coming to
23 replace the old database. Do you recall that?
24 Yes?

25 A. Yes.

1 Q. Do you know if the new system has a
2 name?

3 A. Forensic Advantage, I believe.

4 Q. And is that something that is
5 commercially available?

6 A. Yes.

7 Q. And the system in place now was
8 custom built by Mr. Gillespie?

9 A. Yep.

10 Q. Does that system have some
11 limitations?

12 A. Yes.

13 Q. And what are some of those
14 limitations?

15 A. From my understanding, is that all
16 our forms will be located within this Forensic
17 Advantage. Now we're at the -- with our system
18 now, we got forms here, forms there. You know,
19 you just got to know where to go get them. So
20 everything is going to be combined into one
21 system. We can track evidence, we can track
22 property, you know, all the notes on the case.

23 Q. Will this Forensic Advantage take
24 the place of paper files?

25 MS. HERMIZ: Objection to form.

1 A. That, I'm not sure.

2 Q. And do you know what the process
3 will be to turn over the data from the existing
4 system into the new one?

5 A. Haven't crossed that bridge yet.

6 Q. Is there somebody who's in charge of
7 this database project?

8 A. Probably the IT department, Summit
9 County.

10 Q. Do you know who specifically that
11 might be?

12 A. No.

13 Q. When did Dr. Sterbenz join the
14 medical examiner's department?

15 A. I want to say early 2000s, early to
16 mid-2000s, so he's probably been there 15 plus
17 years, I would imagine.

18 Q. You mentioned that Dr. Sterbenz
19 requested some changes to the investigator's
20 manual regarding the past medical history of the
21 decedent. Do you remember that?

22 A. Yes.

23 Q. Was he unhappy with the
24 investigative reports in any way?

25 MS. HERMIZ: Objection to form.

1 A. He's very particular how they're --
2 they're written, and the order that, you know,
3 all reports come in, so he wanted to make it
4 more consistent. Instead of having, you know,
5 seven investigators write seven different
6 reports and different styles and that, he wanted
7 to kind of make it uniform so all the
8 investigation final reports are kind of --
9 follow the same format.

10 Q. Was he dissatisfied with the level
11 of detail in the investigative reports to your
12 knowledge?

13 MS. HERMIZ: Objection to form.

14 A. Not to my knowledge.

15 Q. Okay. Now, shifting focus a bit,
16 you have no expertise in the development of
17 pharmaceutical drugs; is that right?

18 A. No.

19 Q. And you've never worked for a
20 pharmaceutical company?

21 A. No, ma'am.

22 Q. And you have no expertise regarding
23 pharmaceutical marketing, correct?

24 A. No.

25 Q. Do you have any knowledge regarding

1 how prescription opiate medications are
2 marketed?

3 A. No, other than the commercials you
4 see on TV.

5 Q. Are you familiar with sales calls by
6 pharmaceutical companies to doctors' offices?

7 A. You know, my wife works currently in
8 an eye doctor's office and previously in a
9 plastic surgeon's office, so, you know, reps
10 would come in all the time, but me personally,
11 no.

12 Q. You've never participated in any
13 such calls?

14 A. No.

15 Q. Okay. And I take it you have no
16 expertise on the impact of any such sales calls
17 on the prescribing of opioids in Summit County?

18 A. No.

19 Q. And you have no expertise in the
20 regulation of prescription drugs by the FDA,
21 correct?

22 A. Correct.

23 Q. And you have no expertise in
24 pharmaceutical labeling, correct?

25 A. Correct.

1 Q. Have you ever undertaken to review
2 the labeling for any opioid medication?

3 A. To review the labels?

4 Q. Right.

5 A. When I go to a death scene, when we
6 fill out our log, we're looking at the labels,
7 see who prescribed, where it was filled, you
8 know, the amount and so forth.

9 Q. You're talking about the label on
10 the prescription bottle --

11 A. Yeah.

12 Q. -- correct?

13 A. Correct.

14 Q. When I said "label" -- and I realize
15 this isn't the usual use of the term -- I meant
16 the prescribing information, that long piece of
17 paper that sometimes comes with the box and the
18 prescription.

19 A. No.

20 Q. So I take it, then, that you can't
21 provide an opinion on the sufficiency of any
22 opioid medication label?

23 A. No.

24 Q. Or the warnings provided on that
25 label?

1 A. Correct.

2 Q. Are you aware that drug labels
3 include information about the risks of
4 pharmaceutical products?

5 MS. HERMIZ: Objection to form.

6 A. I've seen the warning labels like,
7 you know, while taking this medication, don't
8 drive or drink, and that's about the extent of
9 it.

10 Q. Do you generally agree that a doctor
11 is responsible for becoming familiar with the
12 medications that he or she prescribes?

13 MS. HERMIZ: Objection to form.

14 A. I'm not a physician. I don't -- you
15 know --

16 Q. So you would leave it to doctors to
17 determine what drugs are appropriate for a
18 particular patient?

19 A. Correct.

20 MS. HERMIZ: Objection to form.

21 Q. Have you ever had occasion to
22 contact a manufacturer of opioid medications as
23 part of your investigation of a death?

24 A. No.

25 Q. Are you aware of any public

1 statements made by any opioid manufacturers?

2 A. No.

3 Q. Are you aware of any efforts taken
4 by opioid manufacturers to address the opioid
5 crisis?

6 MS. HERMIZ: Objection to form.

7 A. You know, only what you see on
8 the -- bits and pieces on the news, you know.
9 That's about the extent of my knowledge.

10 Q. And you've never reached out to any
11 manufacturer to seek assistance --

12 A. No.

13 Q. -- on behalf of Summit County?

14 As part of your investigation, do
15 you look into the criminal background of
16 decedents?

17 A. There are times when people die
18 either alone or with a non-relative, like in a
19 house with a girlfriend or a friend that we'll
20 do positive IDs on. Most of the time what we'll
21 do is get on the computer and look up -- go
22 through the clerk of courts and look up the name
23 and see if there's any criminal history to see
24 if there's any prints on file.

25 So a lot of our cases, yes, the

1 investigators will look them up and see, you
2 know, what they've been arrested for or should
3 there be prints, so we get prints.

4 Q. If it's a situation where you don't
5 need prints, are you looking up the criminal
6 record?

7 A. There's times, yes.

8 Q. Under what circumstances would you
9 do that?

10 A. Just, you know, it's public
11 knowledge, so you just go to see -- you know,
12 especially the last several years. You don't
13 put it past anybody dying from an overdose. I
14 can have a 70-year-old with extensive medical
15 history that would explain his death, but I've
16 seen those same 70-year-olds that die in a place
17 where there's, you know, crack pipes and
18 syringes and that, and you bring them in and you
19 got 70-year-olds that die from overdoses. So
20 you're looking to see, you know, what kind of
21 background they have.

22 Q. So you want to see if those
23 individuals are known to the criminal justice
24 system?

25 A. Correct, and, if so, what type of

1 cases, you know, have they been charged -- you
2 know, if you look at a person in their 50s, 60s,
3 and they've got multiple arrests for, you know,
4 drug paraphernalia or drugs, you know, you
5 better look at, you know, could this possibly be
6 a drug overdose type death.

7 MS. O'GORMAN: I don't have anything
8 further. Thank you.

9 MS. HERMIZ: Do you want to take a
10 break now?

11 THE WITNESS: Could I use the
12 restroom?

13 MS. HERMIZ: Could we take a
14 five-minute break right now?

15 THE VIDEOGRAPHER: Off the record,
16 4:35.

17 (Recess had.)

18 THE VIDEOGRAPHER: We're back on the
19 record, 4:40.

20 EXAMINATION OF GARY GUENTHER

21 BY MR. EMCH:

22 Q. Do you prefer to be called Gary or
23 Mr. Guenther or do you care?

24 A. I don't care.

25 Q. All right. Well, I'm Al and I'm

1 going to ask a few questions. It should only
2 take two or three or four hours. I don't know
3 how much. As long as you're buying supper,
4 we'll go at it.

5 Let's talk a little bit of
6 terminology.

7 A. Okay.

8 Q. When Dr. Kohler testified, I asked
9 her a few questions about this, and I just want
10 to make sure we understand the terminology that
11 we're using and we're using it the same way,
12 okay?

13 A. Okay.

14 Q. What is your definition of
15 prescription opioid? And I see you're thinking.

16 A. Painkiller.

17 Q. Painkiller, okay.

18 Can we agree that a prescription
19 opioid is an opioid painkiller that is available
20 legally only through a prescription?

21 A. Yes.

22 Q. Do you agree with that? You said
23 yes?

24 A. Yes.

25 Q. Okay. Now, I asked Dr. Kohler, I

1 think, the question as to whether or not she
2 distinguished between the words "opiate" and
3 "opioid," and she said, I think, that they were
4 kind of used interchangeably in the office.

5 Do you agree with that?

6 A. I agree with that.

7 Q. Do you know that there is a
8 difference between an opiate and an opioid?

9 A. I've been told, but I don't
10 remember.

11 Q. Do you know that heroin is an
12 opiate?

13 A. Okay.

14 Q. I mean, I really want to know if you
15 know that.

16 A. Yes.

17 Q. And it's also an opioid.

18 A. Okay.

19 Q. Now, again, I'm not trying to
20 suggest anything. I just want to know what your
21 understanding is.

22 A. I've always clumped them together,
23 everything opiates.

24 Q. Do you understand that heroin is
25 not -- well, do you understand that oxycodone

1 and hydrocodone, for example, are not opiates?

2 MS. HERMIZ: Objection to form.

3 Q. Do you know that?

4 A. No.

5 Q. Do you know they're opioids?

6 MS. HERMIZ: Objection to form.

7 A. No.

8 Q. You don't know if hydrocodone and
9 oxycodone are classified as opioids?

10 A. I can -- my thought process, it's an
11 opiate.

12 Q. Okay. All right. For purposes
13 today, we'll use whatever terminology you want.

14 A. Opiates, okay.

15 Q. But to you does the term "opiate"
16 cover heroin?

17 A. To me, yes.

18 Q. Fentanyl?

19 A. Yes.

20 Q. Oxycodone?

21 A. Yes.

22 Q. Hydrocodone?

23 A. Yes.

24 Q. Can heroin be obtained through a
25 prescription, if you know?

1 A. Heroin, no.

2 Q. Because it's an illegal substance?

3 A. Yes, sir.

4 Q. And of course on fentanyl we've
5 talked a little bit and you've distinguished
6 between fentanyl by prescription and illegal
7 fentanyl --

8 A. Yes.

9 Q. -- that you described, right?

10 A. Yes.

11 Q. You understand the distinction
12 there?

13 A. Yes.

14 Q. And fentanyl analogs --

15 A. Yes.

16 Q. -- there are a lot of those?

17 MS. HERMIZ: Objection to form.

18 A. I don't know exact -- there's
19 multiple, put it that way.

20 Q. Technical terms, a lot but multiple.

21 A. Yes.

22 Q. And fentanyl analogs, there's been
23 many of them, they've shifted; every time you
24 figure out one of them, another one starts being
25 made?

1 MS. HERMIZ: Objection to form.

2 A. Yes.

3 Q. Right? And understand I want to
4 know things that you are able to testify about
5 because of your experience and your background
6 in doing your job, right?

7 A. Yes.

8 Q. As Mr. Carter said in the beginning,
9 no guessing, we're not interested in guessing,
10 all right?

11 A. Okay.

12 Q. So -- now, in the world of
13 prescription opioids and -- or prescription
14 opiates, using the terms interchangeably, you've
15 said, of course, that heroin cannot be obtained
16 through a prescription, right?

17 A. Correct.

18 Q. And is it true, too, based upon your
19 experience, that things that we know can be
20 obtained through prescription are also obtained
21 illegally?

22 MS. HERMIZ: Objection to form.

23 Q. Do you understand my question?

24 A. A person -- I believe I understand
25 it. A person that is not prescribed a

1 prescription medication like, say, oxycodone or
2 Oxycontin, for example, can obtain those
3 illegally on the streets.

4 - - - - -

5 (Thereupon, Deposition Exhibit 16,
6 Office of Medical Examiner Drug &
7 Medication Listing Bates Numbered
8 SUMMIT_000192655, was marked for
9 purposes of identification.)

10 - - - - -

11 (Thereupon, Deposition Exhibit 17,
12 County of Summit Office of the
13 Medical Examiner Medication Listing
14 Bates Numbered SUMMIT_001560061, was
15 marked for purposes of
16 identification.)

17 - - - - -

18 Q. All right. Let me hand you what has
19 been -- have been marked as Exhibits 16 and 17.

20 A. Okay.

21 Q. And tell me if you can identify --
22 now, some of these exhibits, I want you to know,
23 Gary, I'm not giving them to you because I have
24 specific questions about what's on them. I'm
25 really interested in the form.

1 A. Okay.

2 Q. And I have some general questions
3 about the form.

4 So Exhibit 16 and 17, do you
5 recognize those?

6 A. Yes. They're drug logs.

7 Q. You call it a drug log?

8 A. Prescription drug.

9 Q. All right. Now, is one of those a
10 form that is currently in use?

11 A. Actually, it depends on what
12 investigator types them up. Both of these forms
13 are currently -- some investigators have this
14 form, which is Exhibit 17, and some have Exhibit
15 16.

16 Q. Okay. So one might find either of
17 these forms?

18 A. Correct.

19 Q. All right. When you came in 1988,
20 was one or both of these forms in use at that
21 time?

22 A. Back in '88 I believe Exhibit 16
23 was.

24 Q. So in your entire history as an
25 investigator or chief investigator, one or --

1 one or both of these forms has been in use?

2 A. Yes.

3 Q. What's the purpose of the form?

4 A. To give an inventory of -- of the
5 prescriptions that deceased person had, gives
6 counts. I also enter these -- once I take them
7 out of the -- the investigator that handles the
8 case types these -- these up and does the
9 counts. I then pull them from the file cabinet,
10 give them a D number, meaning drugs. I enter
11 all these drugs in the system under the case
12 number and name, and eventually those go on the
13 court order to get rid of.

14 Q. But basically that form is a form
15 that is filled out by an investigator who has
16 gone to a scene, who has found at the scene
17 prescription drugs or prescription labels or
18 prescription bottles?

19 A. These are prescriptions that were
20 brought back to our office from the scene.

21 Q. All right. And, again, both of
22 these forms serve that same purpose?

23 A. Yes, sir.

24 Q. And am I correct that the protocols
25 that have been in place since 1988 that you

1 follow in the medical examiner's office in
2 Summit County, the protocols require that the
3 investigator, who goes to the scene, to look for
4 this evidence?

5 A. Yes.

6 Q. I mean, if there's any suspicion at
7 all that a drug may have been involved, then you
8 are going to inspect and look at the scene in
9 order to find, if you can, anything that
10 indicates a prescription?

11 A. Yes.

12 Q. And you'll note it on this form?

13 A. Correct.

14 Q. One of these forms.

15 And the information is
16 self-explanatory. It calls for basically the
17 information you get off a label, which talks
18 about what the drug is and what the dosage is
19 and how often it's supposed to be taken and that
20 sort of thing, right?

21 A. Yes.

22 Q. On this form, or whichever one of
23 these forms that you're using, does the
24 investigator also log -- let's say you had a
25 baggie full of pills of various kinds. Is that

1 logged on here?

2 A. Sometimes it will be listed at the
3 bottom or a different evidence sheet, a baggie
4 containing, you know, a hundred miscellaneous
5 pills.

6 Q. But you wouldn't be able to tell
7 from a baggie whether or not those pills came
8 via a prescription?

9 A. No.

10 Q. Now, do you also log prescriptions
11 on these forms that you find at the scene that
12 were written to a different individual, not to
13 the patient or the deceased?

14 A. There have been times where I've had
15 cases where I'll bring back -- mistakenly take
16 like the wife's medication, and what I usually
17 do at that time is, you know, make note that we
18 had it, then type up a receipt and receipt it
19 back to the wife since it's in her name.

20 Q. All right. What if anecdotal
21 evidence that you get from somebody at the scene
22 is that the deceased may have, for one reason or
23 another, been taking that medication? Could
24 that cause you to leave it on the form or not or
25 would that be in the investigation report?

1 A. That could be in the investigation
2 report.

3 Q. It wouldn't go on the form?

4 A. Not if we didn't bring it back.

5 Q. All right. This form has been in
6 use -- one of these forms or both of them have
7 been in use since 1988. Would I be correct that
8 if -- and this form goes in the autopsy file,
9 correct?

10 A. The case file, yes.

11 Q. All right. So if we look at an
12 autopsy case file and it does not contain one of
13 these forms, then may we conclude and should we
14 conclude that the investigator found no
15 prescription or prescription drugs at the scene
16 for the patient?

17 MS. HERMIZ: Objection to form.

18 A. Or it could mean the police
19 department took them.

20 Q. Well -- took the drugs?

21 A. Yeah.

22 Q. In which case that should be in the
23 investigator's report, correct?

24 A. Correct.

25 - - - - -

1 (Thereupon, Deposition Exhibit 18,
2 Ohio Automated Rx Reporting System
3 Listing Beginning Bates Number
4 SUMMIT 000204634, was marked for
5 purposes of identification.)

6 - - - - -

7 (Thereupon, Deposition Exhibit 19,
8 Ohio Automated Rx Reporting System
9 Listing Beginning Bates Number
10 SUMMIT_000203007, was marked for
11 purposes of identification.)

12 - - - - -

13 Q. All right. Let me hand you what had
14 been marked as Exhibits 18 and 19 and ask if you
15 can identify that. And I'll say again now --

16 MR. EMCH: Let me ask. Anne, these
17 do have people listed on them and their
18 information. Do you want this part of the
19 deposition treated as confidential?

20 MS. KEARSE: Yes, please.

21 MR. EMCH: Court reporter, will you
22 do that? The discussion about these four
23 exhibits should be confidential and marked such?

24 Is that okay, Anne?

25 MS. KEARSE: Yes.

1 MR. EMCH: All right.

2 Q. Can you tell us again what these two
3 forms are, 18 and 19?

4 A. They're OARRS, Ohio Automatic
5 Prescription Reporting System.

6 Q. Do you know when your office began
7 to be able to obtain reports from OARRS?

8 A. No.

9 Q. Do you think Dr. Sterbenz will know
10 that?

11 A. Probably Dr. Sterbenz or Dr. Kohler.
12 Investigators don't have -- we cannot log onto
13 this system and pull these reports. At our
14 office it's got to be one of the docs.

15 Q. Do you have any understanding of
16 what one obtains from the OARRS report? I mean,
17 have you seen them, looked at them?

18 A. I've seen these reports before, and
19 it shows, you know, a name with prescriptions
20 that were -- were prescribed, and what date they
21 were filled and so forth, and who prescribed
22 those -- those medications.

23 Q. And the pharmacy where they were
24 filled?

25 A. Yes.

1 Q. And the quantity and the days?

2 A. Yes.

3 Q. Pretty full information --

4 A. Correct.

5 Q. -- about the drug and the
6 prescription involved?

7 MS. HERMIZ: Objection to form.

8 A. Correct.

9 Q. Now, do these reports -- I noticed,
10 I think, on both of these that I've handed you
11 that they go back a couple of years. Do you
12 know if that is the standard search or the
13 ability to search? Do you have any information
14 about that?

15 A. I have no idea.

16 Q. And these are done for the patient
17 or the deceased; is that right?

18 A. Yes.

19 Q. Okay. Now, are there times when you
20 get -- in your experience -- when I say you, I
21 mean -- let me back up. Strike that.

22 You're the chief investigator now
23 and have been since when?

24 A. Probably '08, '09.

25 Q. '08 or '09. The older you get, the

1 more the dates --

2 A. I know.

3 Q. Okay. Do you -- as the chief
4 investigator, do you do fewer investigations or
5 more or the same amount as the others or what?

6 A. I get out to death scenes a lot less
7 now than I did.

8 Q. Do you look at the investigation
9 reports that are done by your investigators? Do
10 you see them generally, look at a lot of them,
11 look at all of them? Describe what, if
12 anything, you do as far as looking at your
13 investigator's reports.

14 A. Usually when -- the first thing we
15 do when we get in in the morning is go over all
16 the -- the reports, our cases that we have, see
17 what follow-up needs to be done. You know, at
18 our office the investigators do, like, x-rays.
19 Do any x-rays need done? If we got bodies that
20 need identified, you know, we got to start
21 looking for, hey, does the person have any
22 x-rays at one of the hospitals we can order. So
23 yes, there's cases that are reviewed.

24 Now, we also -- when an investigator
25 takes -- like I call it a referral. It's not a

1 case -- a death that is reported to us and not
2 taken in as a case. The doctor on call reviews
3 all those reports also.

4 Q. All right. So is it fair to say at
5 least since you've been chief investigator in
6 '08 or '09, that you have some familiarity with
7 all of the investigator reports that are done in
8 the ME's -- were done in the ME's office?

9 A. Yes.

10 Q. So you've got a pretty broad
11 knowledge of what those folks are finding out
12 out there in the field, right?

13 A. Yes.

14 Q. Now, are there times when you may
15 have anecdotal information about a patient
16 having had access to a prescription opioid?

17 MS. HERMIZ: Objection to form.

18 Q. And by access, I mean not legally,
19 not through a prescription. Do you have
20 anecdotal information that the person took his
21 wife's whole bottle?

22 A. You know, we'll get information from
23 talking to either family or close associates of
24 that individual, and at times they'll say, oh,
25 you know, he buys them on the streets.

1 Q. Right.

2 And in those instances, buys them on
3 the streets, took his wife's medication, which
4 is not his --

5 A. Right. So verbally you get history
6 back at times on those types of cases.

7 Q. In those instances we just
8 described, that person would have obtained those
9 prescription opioids illegally?

10 A. Yes.

11 Q. Now, one -- this is kind of a
12 database question, and I'll have some others
13 about that, but if you can't exactly answer it
14 -- but one cannot tell by looking at a report
15 from the database whether or not something that
16 could be a prescription opioid, like oxycodone
17 or hydrocodone, was obtained through a
18 prescription or not? You can't tell from the
19 database report?

20 MS. HERMIZ: Objection to form.

21 A. If you find it anywhere, it's going
22 to be in the investigation worksheet or the
23 final investigation report.

24 Q. Which is in the autopsy file?

25 A. Correct. Our investigative file,

1 yeah.

2 Q. So if one goes to the investigative
3 file, with respect to an autopsy or a drug
4 overdose death that names something that could
5 be a prescription opioid, okay --

6 A. Okay.

7 Q. -- if one goes to the autopsy report
8 and does not find one of these forms, Exhibits
9 16, 17, 18 or 19, that indicates a prescription
10 for oxycodone for that individual patient, then
11 should we correctly conclude that that patient
12 must have obtained that substance illegally?

13 MS. HERMIZ: Objection to form.

14 A. No.

15 Q. If there were any evidence at all of
16 a prescription for that person, it would be in
17 the autopsy file; is that correct?

18 MS. HERMIZ: Objection to form.

19 A. If it was located.

20 Q. If there's any evidence to indicate
21 that the person had a prescription for the
22 substance, it would be indicated in the file; is
23 that correct?

24 A. Yes.

25 Q. If it's not indicated in the file,

1 am I correct that it would mean that you did not
2 find any evidence to indicate that the person
3 had a prescription for that substance?

4 A. I'll word it this way: Just because
5 we don't find evidence or a prescription bottle
6 or loose pills of, say, Oxycontin at the scene
7 doesn't mean that person wasn't taking that
8 prescription medication. We can order medical
9 records and it can be documented in medical
10 records that they are currently being prescribed
11 certain medications.

12 Q. And that would be in the report,
13 wouldn't it?

14 A. That would fall under medical
15 history usually in --

16 Q. That would be in the medical
17 records, which you also, as a matter of
18 protocol, obtain, correct?

19 A. Correct.

20 Q. And you obtain some medical history,
21 correct?

22 A. Correct.

23 Q. And you talk to a prescribing
24 physician, correct?

25 A. Correct.

1 Q. Now, let me ask you again. If none
2 of those sources that you go to gives any
3 indication or evidence that the person was
4 taking a prescription medication through a
5 prescription, then one would conclude that they
6 were finding it, getting it and taking it
7 illegally; is that correct?

8 A. That's what you would assume, yes.

9 Q. All right. But you can't tell that
10 unless you look at the whole autopsy file,
11 right?

12 A. Right.

13 Q. Now, I've actually looked at a lot
14 of autopsy files, and I'll ask you this
15 question. If you can't answer it, you know, you
16 can't. But the stories are all different in
17 these files; each patient is very different, and
18 the context in which that patient died is always
19 different. Do you agree with that?

20 A. Every case is unique, yes.

21 Q. I mean, they can't be slimmed down
22 and categorized and put into some general
23 category. To understand them, you need to look
24 at the autopsy file and get the context?

25 A. Yes.

1 Q. Do you agree with that?

2 MS. HERMIZ: Objection to form.

3 A. I think every individual, whether
4 they're dead or alive, has a unique story behind
5 that individual.

6 Q. Now, your investigators, do you
7 always go to the scene? Is it always a scene
8 visit or --

9 A. Our protocol, unless there's some,
10 you know, unique situation, any time a person
11 dies outside of a facility and it falls under
12 our jurisdiction, an investigator is required to
13 go.

14 Q. Okay. The reason I ask the question
15 is I have seen some things in the file, probably
16 in an exhibit somewhere, that I could find that
17 describes discussions to be had over the
18 telephone and questions to be asked over the
19 telephone. And, again, I'm just wondering --
20 and I'm not suggesting the answer is any
21 different, but if it's a suspected drug
22 overdose, you would almost always, but routinely
23 always go to the scene --

24 MS. HERMIZ: Objection to form.

25 Q. -- correct?

1 A. Yes.

2 Q. Okay. Now, you've talked a little
3 bit about interviews that are done by your
4 investigator, by you, of family members or
5 friends or partners or whatever at the scene,
6 anecdotal evidence.

7 Do you do any follow-up of any kind
8 with respect to anecdotal evidence? Is it --
9 and I'm not suggesting this is right or wrong,
10 but is it, for your purposes, taken at face
11 value?

12 MS. HERMIZ: Objection to form.

13 A. From past experience, I know a lot
14 of people aren't truthful these days. That's a
15 given. You take what you get at scenes as a
16 grain of salt, you know.

17 Q. So if somebody says it, you're going
18 to write it down but you're not vouching for its
19 accuracy --

20 A. Correct.

21 Q. -- or whatever?

22 A. Correct.

23 Now, we will do follow-ups. If I
24 talk to mom and dad and they say, you know, Joe
25 spent all his time with so-and-so, you need to

1 call, you know, Tom to get more information, and
2 they'll give you the number, sure, we'll follow
3 up with that individual.

4 Q. Okay. Let me ask you again. Your
5 experience in -- both in your own investigations
6 over time and as being familiar in general with
7 the investigation that all your investigators
8 are doing, is it common for drug overdose death
9 patients to -- is it common -- I'll use that
10 word -- you can change my word if it's more
11 accurate -- to suffer from some kind of mental
12 illness?

13 MS. HERMIZ: Objection.

14 Q. Is that something common?

15 MS. HERMIZ: Objection to form.

16 A. I have noticed a great number. If
17 you look at the case file, you'll find medical
18 records that, yes, a lot of them have a
19 psychiatric background.

20 Q. Depression?

21 A. Including depression.

22 Q. Let's move a little bit to the
23 database.

24 Now, Patrick Gillespie --

25 A. Yes.

1 Q. -- was he the guy that was your
2 database person for a long time?

3 A. He was our IT guy.

4 Q. How long was he that person?

5 A. He started out as a -- as a morgue
6 assistant in back, then moved up to
7 investigator, then investigator supervisor. So
8 while he was working, he went to school and got
9 some type of degree in computers and that. So
10 he talked Dr. Kohler and the county into
11 creating this IT position for the office. And,
12 you know, I think he retired two years ago, two,
13 three years ago. He was probably in that
14 position for at least, I want to say, seven,
15 six, seven years at least.

16 Q. Was he involved in creating what we
17 keep referring to as the database?

18 A. Yes, sir.

19 Q. He really was the guy who started
20 that?

21 A. Yep.

22 Q. Is he still around?

23 A. Yes. I mean, he still lives in --

24 Q. He's retired, right?

25 A. Yeah, he's retired, but he's still

1 alive.

2 Q. Do you know where he is? Is he
3 reachable?

4 MR. EMCH: Anne, if we wanted to
5 depose Mr. Gillespie, is that somebody you could
6 --

7 MS. KEARSE: I haven't gotten the
8 request. I'll take any request that you make
9 under advisement.

10 MR. EMCH: I understand. You don't
11 know now if you could or not.

12 MS. KEARSE: I have no idea until
13 I'm asked.

14 Q. Do you know where Mr. Gillespie can
15 be contacted today?

16 A. I know he's in the area still. I've
17 seen him out and about.

18 MS. KEARSE: And make it a formal
19 request in a letter so we can keep track of it
20 versus a deposition request. You would ask the
21 same.

22 MR. EMCH: Even though I didn't
23 request it.

24 MS. KEARSE: Right. And I'm not
25 going to find them if you haven't requested

1 them.

2 A. If he has the same contact
3 information that he had when he was there, he
4 was probably on an old employee list sheet.

5 Q. Hopefully he's moved to Florida or
6 Charleston.

7 Who has the position currently?

8 A. Nobody in-house. It all goes
9 through the county's IT department. The county
10 has a department that was created several years
11 ago that's just IT, and I think they got, like,
12 20 employees under that department.

13 Q. All right. Now, we've had a good
14 bit of testimony and discussion about getting
15 things out of the database.

16 A. Right.

17 Q. Now, during the time that -- after
18 Patrick created the database, during all of that
19 time has the county or has the medical
20 examiner's office used the same -- I'll use the
21 word categorizations for their -- for their
22 autopsies and for their deaths? By
23 categorization I mean I know one is drug
24 overdose and there's one for falls and there are
25 some others.

1 A. Correct.

2 Q. Has it always, in your experience,
3 had those categories?

4 A. Yes.

5 Q. And they've not changed, I don't
6 think, right?

7 A. Correct.

8 Q. All right. So one of those
9 categories is drug overdose?

10 A. Yes.

11 Q. I'm trying to get a clear feeling
12 for when you go in, you, or one of your
13 investigators or someone, to pull out
14 information, what it is that you put in there,
15 or what it is you put into the request or the
16 search. Do you know what I'm talking about? I
17 haven't gotten to the question yet. I'm just
18 making sure I can see --

19 A. Okay.

20 Q. I think you know what I'm talking
21 about.

22 A. Okay.

23 Q. You talked about a button that you
24 could hit that was for statistics, correct?

25 A. Uh-huh.

1 Q. It's not exactly that easy, is it?
2 You have to talk to someone or put something in
3 there that --

4 A. That takes me to the form. From
5 there it gives me a list of options, and at the
6 top there's places where you put in "to" to
7 "from," so meaning, say, you called me and want
8 all 2016, so I'll put January 1st, 2016 through
9 December 31st, 2016, go down to the options that
10 I want and click on those.

11 Q. Check them off?

12 A. Check them off.

13 Q. All right. Now, if one of the
14 options is a category, like drug overdose --

15 A. Okay.

16 Q. All right. So say you go January
17 1st, 2016 to December 31st, 2016 drug overdose,
18 are you going to get all of the database entries
19 that are categorized as drug overdoses for that
20 year?

21 MS. HERMIZ: Objection to form.

22 A. There's two sections, one that's
23 completed --

24 Q. Right.

25 A. -- and one that's presumed. The

1 completed ones had been ruled on by
2 Dr. Kohler --

3 Q. Right.

4 A. -- that say drug overdose. The
5 presumed one is toxicology has entered into the
6 system and, you know, there's enough there --
7 it's, you know, for our sake going to be ruled
8 an overdose, but they haven't officially --
9 haven't officially been ruled on yet.

10 Q. How long does it normally take for
11 the presumed to move into the --

12 A. It depends on how backed up the --

13 Q. A year?

14 A. -- the doctor --

15 Q. A year?

16 A. No.

17 Q. Not a year?

18 A. No.

19 Q. Usually less than a year, okay.

20 A. Our goal is to have death
21 certificates signed by name, requirements,
22 within 190 days.

23 Q. Okay.

24 A. And if not, even sooner than that.
25 It could be even sooner than that.

1 Q. And they usually, in your
2 experience, do pretty well with that?

3 A. Not since we're short a doctor. We
4 have gotten behind.

5 Q. Are you short a doctor now?

6 A. Yes.

7 Q. Is that Dorothy Dean that left you
8 short?

9 A. Dr. Dean left, we hired another one,
10 and that doctor has since left.

11 Q. Other than the one doctor down, are
12 you fully staffed?

13 A. Yes.

14 Q. Do you have pretty much the
15 resources that you need now, except for the one
16 doctor that you're lacking?

17 MS. HERMIZ: Objection to form.

18 A. You know, there's always times where
19 you wish you had an extra secretary or an extra
20 person in this department, but technically,
21 other than a doctor, we're fully staffed.

22 Q. And you're looking for the doctor?

23 A. They have technically hired a doctor
24 is my understanding, but she's in her forensic
25 training right now.

1 Q. So you're close to being fully
2 staffed if that doctor comes on board?

3 A. July 2019.

4 Q. Okay. So back to the database
5 again.

6 If I want all of the drug overdose
7 categories --

8 A. Okay.

9 Q. -- and I'm going to get the
10 completed and the presumed --

11 A. Okay.

12 Q. And if we are long enough out, I
13 should get all of them, right?

14 A. Right.

15 Q. Okay.

16 A. Now, if you call me, say, the first
17 week of January and you want the previous year's
18 total overdoses, I'm sure there's going to be
19 cases that Steve has not finished yet and tox
20 has not done.

21 Q. Okay. With those caveats that we've
22 talked about, though, if I go into the database
23 and I look for drug overdose deaths --

24 A. Okay.

25 Q. -- for a particular year, say it's

1 two or three years ago, I should expect to get
2 all of the drug overdose deaths?

3 A. You should expect.

4 Q. All right. I want you to look at
5 Exhibit Number 2.

6 A. Exhibit Number 2, okay.

7 Q. Let's take a look. I think you'll
8 remember it. Do you remember that?

9 A. I remember this, yes.

10 Q. And your cover e-mail there is dated
11 19 April 2016, correct?

12 A. Correct.

13 Q. And we went over some of this. I'm
14 trying not to duplicate questions. I will tell
15 you my hearing is not very good. Sometimes I
16 don't -- you're soft spoken.

17 Now, this report that you did -- I
18 think you indicated that you thought you did it
19 from home?

20 A. The final, yeah. I probably did
21 this on my computer at home and sent the e-mail
22 to my work e-mail and printed it off at work.

23 Q. All right. Now, the data that's
24 talked about in the first paragraph up here --

25 A. Okay.

1 Q. -- you've got -- you quote data for
2 2013, 2014 and 2015, and then you're going into
3 2016, right?

4 A. Correct.

5 Q. This was done April of 2016. By
6 that time were the 2015 -- was that information,
7 do you think, final?

8 MS. HERMIZ: Objection to form.

9 Q. Likely final or do you know?

10 A. I think we were slightly ahead of --
11 if I remember correctly, we were slightly ahead
12 of that, which means cases weren't finalized
13 when those numbers --

14 Q. So these stats are about drug
15 overdose deaths. Did you search the database to
16 get those?

17 A. Yes.

18 Q. All right. And would that be a time
19 when you're saying -- like 99 total overdose
20 deaths in 2013, is that something that you would
21 have checked the year 2013, January 1st, to the
22 end of the year --

23 A. Yeah.

24 Q. -- and drug overdose?

25 A. Correct.

1 Q. So you would get all of the drug
2 overdoses?

3 A. Correct.

4 Q. Would that number be final?

5 A. From 2013?

6 Q. Yes.

7 A. It should be.

8 Q. And what about 2014?

9 A. Yeah. We're in 2016. Yes. '15 --

10 Q. Well, '15 might not be, but 2013 and
11 '14 should be final, right?

12 A. Should be.

13 Q. Now, did you check -- strike that.

14 You had testified earlier, and, of
15 course, this document that you're preparing
16 talks about the heroin/fentanyl epidemic, right?

17 A. Yes.

18 Q. And the heroin/fentanyl epidemic
19 that you're describing here actually reaches
20 back to 2013; do you agree?

21 MS. HERMIZ: Objection to form.

22 A. I think we started seeing a slight
23 uptick in '14, '15, but then it really hit in
24 the second half of 2016, when the -- that's when
25 the numbers really started coming in.

1 Q. Well, the 2013 figures, the 60 out
2 of 99, which is pretty easy, that's a little
3 more than 60 percent, right?

4 A. Correct.

5 Q. 2014 numbers, 104 of 144, by my
6 math, is 72.2 percent; and 2015, 153 of 213, is
7 about 71.8 percent. Do all three of those
8 percentages indicate a heroin/fentanyl epidemic
9 in your mind?

10 A. I don't know what you consider an
11 epidemic. We've had a steady incline of cases.
12 Is there a problem? Yes. So -- but what's the
13 definition of epidemic? We had a big problem,
14 yes.

15 Q. And you're using the phrase when
16 you're describing this in your paper; is that
17 right?

18 A. I mean, I consider the epidemic is,
19 you know, a lot more cases than what we can
20 handle at times.

21 Q. And mostly attributable to heroin
22 and fentanyl?

23 MS. HERMIZ: Objection to form.

24 A. Yes.

25 Q. All right. Now, did you check back

1 on statistics for 2011 or 2012 or 2010?

2 A. No, but I can remember prior years
3 they were pretty consistent, you know, 90 to
4 100, 110, right in that range.

5 Q. But my question is, in preparing
6 your paper, did you check back on drug overdose
7 deaths and the percentage of fentanyl/heroin in
8 the years 2012 and 2011, for example?

9 A. No.

10 Q. All right. Now, is this -- is what
11 you're reporting here and talking about in the
12 paper, Gary, is that something that only you
13 were aware of or is this something that was
14 known and talked about, to your knowledge, in
15 your office, in the medical examiner's office?

16 MS. HERMIZ: Objection to form.

17 A. I mean, when we're in the middle of
18 getting all these deaths, yes, we sit down like
19 around the lunch break room table, eat lunch,
20 talk about it. Steve will come up to us, sit
21 down in the office and talk about what he's --
22 you know, just -- in general conversations bring
23 up certain topics, reference the drug problems,
24 the issues that we're having.

25 Q. Were you getting media inquiries

1 about this at the time?

2 A. Usually the media inquiries that I
3 received were basically about numbers, and every
4 once in a while they would ask about the -- you
5 know, they'd ask a question, well, what age
6 group are you seeing, and you give them a broad
7 age group, mid 20s to 40s. Are they mostly male
8 or females? Well, off the top of my head, from
9 what I've seen come in, it looks like -- you
10 know, I can't give you exact numbers, but it
11 looks like there's more males than females.
12 Whites versus blacks. But usually it's the
13 numbers they were interested in.

14 Q. And on the media inquiries, you
15 said, I think, that you handle a lot of those?

16 A. Yes.

17 Q. And we said media inquiries, but all
18 kinds of inquiries that you might get from media
19 or from organizations or from the department of
20 health or anybody who might have an inquiry
21 about drug overdoses or something like that; did
22 you customarily get those, or a lot of them, as
23 chief investigator?

24 A. I got a lot of them.

25 Q. All right. And did you get them --

1 I think you indicated in previous testimony that
2 you began to get those and handle a lot of those
3 as early as 2000?

4 MS. HERMIZ: Objection to form.

5 A. Yes, when I became chief of
6 investigation.

7 Q. Okay.

8 A. Well, probably mid-2003, '04 I was
9 -- you know, became the investigator supervisor,
10 so I handled that stuff when the chief
11 investigator was out or off. Then once I became
12 the chief investigator, 2008, 2009, somewhere in
13 there, you know, that's when you start really
14 handling the inquiries.

15 Q. And what were the inquiries that you
16 got about back in that early 2000 time frame?

17 MS. HERMIZ: Objection to form.

18 Q. What were they asking about?

19 A. Most of the inquiries were on
20 certain cases that we had that made the media;
21 you know, what's the results of the autopsy on
22 so-and-so that was shot last night or you got
23 the name of the victim that was shot last night.
24 Most of it is media -- about incidents, you
25 know, that occurred over the night before.

1 Q. Is it fair to say, Gary, that the
2 media's upticked interest in drug overdose
3 problems, epidemic, whatever you want to call
4 it, really came about about the same time, 2013,
5 2014, 2015?

6 MS. HERMIZ: Objection to form.

7 A. Yes.

8 Q. I'd like you to look at Exhibit 12.
9 No. I'm sorry. Exhibit 5.

10 A. 5?

11 Q. 5, yeah. It's your presentation,
12 slide presentation.

13 Now, Exhibit 2 that we just went
14 through, Gary, was done in April of 2016.

15 A. Okay.

16 Q. And Exhibit 5 that we're looking at
17 now was done in September of 2017; is that
18 right? You have the cover e-mail on that.

19 A. Yeah. Those -- Dr. Kohler pulled
20 those numbers.

21 Q. Am I right about the date? Exhibit
22 5 was done in September 2017; is that right?

23 A. Right.

24 Q. Now, going to the second page of
25 your presentation, "Number of Overdose

1 Deaths" --

2 A. Okay.

3 Q. -- did you get those or did somebody
4 else get those?

5 A. Dr. Kohler gave those --

6 Q. Gave those to you?

7 A. Yep.

8 Q. And did she, if you know, or if you
9 believe you know, obtain that information from
10 the database, as we're now calling it?

11 A. I can't say for sure.

12 Q. Let's assume for a moment that she
13 did.

14 A. Okay.

15 Q. I notice the numbers for 2013 and
16 2014 for total overdose deaths. Do you see
17 that? This is on the second page of the
18 presentation.

19 A. Yes.

20 Q. Now, in Exhibit 2 you found 99
21 overdose deaths.

22 A. Okay.

23 Q. And on this slide it's 109. Do you
24 see that?

25 A. Yes.

1 Q. And in 2014 you found 144 and on
2 this slide for 2014 it's 156. Do you see that?

3 A. Yep.

4 Q. Now, do you have any explanation --

5 A. I can't explain that, no.

6 Q. Would it be -- and I'll say unusual,
7 in your experience, for the number of drug
8 overdose deaths this long after 2013 and 2014 to
9 climb?

10 MS. HERMIZ: Objection to form.

11 A. The only thing -- yeah. I can't
12 explain it. I don't know. I don't know where
13 Dr. Kohler got her numbers. Like I said, I take
14 these calls sitting at my desk. I usually go
15 turn around while I'm on the phone, hit the --
16 get in the case database and look up the numbers
17 that way. Whatever is there I report.

18 Q. Okay. We've talked some about
19 fentanyl.

20 A. Okay.

21 Q. When -- in your experience, when did
22 fentanyl start to show up in drug overdose
23 autopsy investigations?

24 MS. HERMIZ: Objection to form.

25 A. I think we've always had, like I

1 said, and I've seen cases from years and years
2 ago where, you know, they do an autopsy and find
3 a fentanyl patch that the person chewed or find
4 somebody dead at the scene that's got the patch
5 still in their mouth, you know. I want to say
6 I'm sure those cases were fentanyl overdoses.
7 But it really started becoming, you know --

8 Q. In this 2013, '14, '15, '16 time
9 frame?

10 A. Yes. I mean, it's not like we never
11 had them prior to those years. We've had them
12 before, but I can't give you the numbers.

13 Q. All right. I'm going to jump around
14 maybe just a little bit here, and I'm just
15 looking at my notes to see if I have anything
16 more.

17 When you go to a scene
18 investigation, do you have a role in securing
19 that scene normally? Let's say the police are
20 not there. Do you have a role in making sure
21 the scene is secure and that evidence is
22 preserved and that sort of thing?

23 A. Well, if -- police are almost 99.9
24 percent of the time there when our investigator
25 gets there. Once we're done collecting our

1 evidence and that, if family is still on scene,
2 we release the, you know, residence or whatever
3 back to that person and give them the keys.
4 There's only been a few instances where we had
5 to, you know, secure the scene more than a day.
6 Those were on, like, homicide type cases.

7 Q. All right.

8 Now, illegal substances --

9 A. Okay.

10 Q. We've talked a little bit about
11 illegal or illicit substances.

12 A. Okay.

13 Q. Your report, Exhibit Number 2, talks
14 about illegal fentanyl, especially coming in
15 from China, is that right? Is that your
16 information, a lot of it?

17 A. Yes.

18 Q. And do you know, from your
19 experience and your interaction with law
20 enforcement, that illegal fentanyl can even be
21 purchased over the internet and delivered to
22 somebody's home from China?

23 A. To your front door.

24 Q. And you've already described, too,
25 that your information is that one of the reasons

1 that fentanyl is now so popular is because it's
2 not very expensive; is that correct?

3 A. Correct.

4 Q. And it's extremely powerful?

5 A. Correct.

6 Q. Does that make it attractive for
7 people who are addicted?

8 MS. HERMIZ: Objection to form.

9 Q. If you have personal experience --

10 A. I've had secondhand knowledge
11 talking to survivors, whether it's boyfriend,
12 girlfriend, spouse or mother or father, you
13 know, or their close associates who are also
14 addicted, say, you know, yes, they want the
15 powerful, high-potent stuff, it's the better
16 high.

17 Q. Even individuals who may be aware
18 that people die --

19 A. Yes.

20 Q. -- from fentanyl? Just because of
21 the high.

22 There's a -- do you use the term
23 "addict" and "addicted"?

24 MS. HERMIZ: Objection to form.

25 A. When referring to those people,

1 according to medical records, you use, you know,
2 either addiction or addicted to whatever is
3 documented in, like, medical records or whatever
4 the family tells you.

5 Q. Are you -- are you, meaning you and
6 the ME's office here in Summit County -- are you
7 gravitating toward the use of other terms, like
8 substance use disorder or do you still use the
9 terms "addict" and "addicted"?

10 A. Usually whatever is documented in
11 medical records, the way it's worded in medical
12 records. You know, if it's documented in there,
13 we use kind of the same terminology as those
14 records state. When talking to family members
15 or whatever, if they say they're, you know -- it
16 depends on how they say it. Sometimes when they
17 say he's got a substance abuse problem, you'll
18 write that down, or they say he's been addicted
19 for, you know, years and has been in multiple
20 rehabs, you document it that way. So it all
21 depends how it's presented to you.

22 Q. Okay. Back on illicit drugs,
23 illegal drugs. And I'll include in this
24 prescription drugs that are obtained illegally.

25 A. Okay.

1 Q. In your experience, in the
2 information that comes to you, are prescription
3 opioids sold on the black market, if you know
4 what I mean?

5 MS. HERMIZ: Objection to form.

6 Q. Drug dealers?

7 A. Yes.

8 Q. People who are in the business,
9 illegal business of obtaining somehow drugs and
10 selling them illegally?

11 A. Yes.

12 Q. And that includes cocaine?

13 A. Yes.

14 Q. Heroin?

15 A. Yes.

16 Q. Methamphetamine?

17 A. Yes.

18 Q. And prescription opioids?

19 A. Yes.

20 Q. Muscle relaxants?

21 A. (Witness nodding head
22 affirmatively.)

23 Q. Benzodiazepines? You're shaking
24 your head, right?

25 A. Anything that you abuse can be

1 bought.

2 Q. On the black market?

3 A. On the black market, from past
4 experiences, yes.

5 Q. Do you have any idea yourself or any
6 way to estimate how many or how much of the
7 substances that your office sees that have been
8 abused and have caused an overdose death were
9 obtained on the black market?

10 A. I mean, it's safe to say that any
11 heroin, cocaine is all black market. I mean,
12 it's all sold illegally.

13 Q. And I think you've testified
14 already, as have others, that in this fentanyl
15 epidemic stage, that's illegal so it's obtained
16 illegally?

17 MS. HERMIZ: Objection to form.

18 A. You can have legal prescriptions for
19 fentanyl, but you can also get it illegally.

20 Q. And probably cheaper?

21 A. Probably.

22 MS. HERMIZ: Objection to form.

23 A. And can't say for sure, but most
24 likely cheaper, yes.

25 Q. You talked about, I think, the

1 police using a DNA touch --

2 A. Right.

3 Q. -- test of some kind?

4 Is that something that they use to
5 try to identify a black market, illegal --

6 A. The supplier. They're going after
7 the supplier.

8 Q. Of drugs, right?

9 A. Right.

10 Q. So they can now do something like
11 that, and if they have other evidence or
12 something comparative, they can go --

13 A. So what they do is if I die and I'm
14 suspected of -- and they found powder that they
15 want to do DNA testing on, the baggie or bindle,
16 whatever, they will come down after my exam and
17 request my known DNA sample. Then they will
18 take that, along with the samples, up to the
19 crime lab for DNA testing.

20 Q. And you've seen this done and worked
21 to identify --

22 A. I haven't seen the actual testing
23 done.

24 Q. Oh, okay. But you understand it --

25 A. But I released samples to them for

1 that purpose.

2 MR. EMCH: All right. I think
3 there's 15 minutes left. I think we'll take
4 just a short break and see if any of the group
5 here has -- unless --

6 THE VIDEOGRAPHER: Off the record,
7 5:32.

8 (Recess had.)

9 THE VIDEOGRAPHER: We're back on the
10 record, 5:57.

11 MR. CARTER: I wanted to note, by
12 agreement of counsel, pursuant to the protective
13 order that's in place, I manually altered
14 Exhibits 16, 17, 18 and 19. We used a Sharpie
15 to black out and redact the personal identifying
16 information for the patients referenced in those
17 particular file documents. We understand that
18 there's a protocol that's, you know, in place
19 and in the process of being worked out to
20 protect this information for distribution during
21 the course of these depositions, and while
22 that's getting sorted out on a separate track,
23 we just wanted to handle this expeditiously for
24 purposes of this deposition. It doesn't
25 prejudice whatever the procedure is going

1 forward in other depositions. That was just the
2 fix that counsel here agreed to so that we could
3 proceed with this one and things not getting out
4 with the transcript.

5 MS. KEARSE: And I appreciate it.
6 It's our understanding these are not public
7 record documents. These are medical records
8 with prescriptions and names on them so they're
9 treated differently than public record
10 documents.

11 FURTHER EXAMINATION OF GARY GUENTHER
12 BY MR. CARTER:

13 Q. All right, Mr. Guenther. I've got
14 one more exhibit to show you.

15 - - - - -

16 (Thereupon, Deposition Exhibit 20,
17 E-Mail String Beginning Bates Number
18 SUMMIT_000092858, was marked for
19 purposes of identification.)

20 - - - - -

21 Q. It's been marked as Exhibit 20.
22 Now, this is an e-mail from Dr. Kohler that
23 attaches a working document that is a list of
24 questions for you and the investigators to use.

25 Have you seen this document before?

1 A. No, I have not seen this. This
2 looks like stuff that has been added to the
3 investigator manual.

4 Q. Okay. And so we asked Dr. Kohler
5 about this during her deposition. She e-mailed
6 the other, at the time, physicians in the
7 office, January 26, 2011, to Dorothy Dean, who
8 we discussed is no longer with the department,
9 and Dr. Sterbenz, and says, "Dorothy and George,
10 here is the document that I started for the
11 investigators. The goal is to put down the
12 types of information that we feel are important
13 to particular types of investigation and to
14 provide a brief explanation as to why it is
15 important. What I am sending is just a starting
16 point. Please add to it -- or, excuse me,
17 please add to it and improve what is there and
18 then we can distribute it to the investigators.
19 I believe that if they understand the rationale
20 behind why we are asking for the information,
21 they will more quickly embrace the concept of
22 including it."

23 Did I read that correctly?

24 A. Yes.

25 Q. I want to ask you about the content

1 of the section on overdose deaths, which is page
2 2 of Exhibit 20. You see at the bottom of the
3 page where it says, "Overdose Deaths" in bold?

4 A. Yes.

5 Q. Under "Medication History, what
6 types of medications was this person prescribed,
7 by whom and for what ailment? Are the suspected
8 OD drugs ones that were prescribed for the
9 victim or for the family members or friends?
10 How did the decedent obtain the medication? If
11 the person is prescribed the meds, how compliant
12 have they been on this regimen? Has the
13 physician documented concerns of abuse? How
14 long have they been taking the medication? Some
15 medications can require increasing doses over
16 time due to tolerance. Some can become
17 problematic in situations where there is
18 declining health and the kidneys or liver no
19 longer process the medication efficiently."

20 Did I read that correctly?

21 A. Yes.

22 Q. Are those the types of questions
23 that the attending physicians in your department
24 have instructed you and your investigators to
25 ask in dealing with medication issues in an

1 overdose death?

2 A. I think it's just reinforcing it
3 because I can remember asking these type of
4 questions way before --

5 Q. 2011?

6 A. -- 2011.

7 Q. Are there any --

8 A. And --

9 Q. I'm sorry. Go ahead.

10 A. And not all this information can be
11 obtained. It's an attempt. And most of it is
12 going to be obtained through finding out who
13 the -- you know, what doctor and getting those
14 records, and everything will be documented in
15 those records.

16 Q. Sure.

17 A. Some of the stuff you'll never know.
18 Either the family doesn't know or they're not
19 forthcoming. So there's some of the stuff that
20 on certain cases we'll never know.

21 Q. In some cases the best you can do is
22 ask the question?

23 A. Yes.

24 Q. You don't control whether or what
25 kind of response?

1 A. Correct.

2 Q. Are there any questions in this
3 "Medication History" section that I just read to
4 you that you've never asked?

5 A. You know, it's something that's -- I
6 don't ask because, you know, I don't know -- it
7 would be obtained through medical records and
8 that would be some medications can require
9 increasing doses due to tolerance levels.

10 Q. So is that something you would leave
11 to the doctors in terms of --

12 A. Yes.

13 Q. -- analyzing medical records?

14 A. I might get the medical records that
15 document it, but it's the doctor's
16 responsibility to interpret those records.

17 Q. So you've never evaluated a
18 patient's tolerance?

19 A. No.

20 Q. You've never asked family members
21 about a tolerance progression?

22 A. No.

23 Q. Okay. And in terms of the other
24 questions in that description that you would
25 ask, is it fair to say that during the course of

1 the time that you've been an investigator, or
2 the chief investigator, that you would seek out
3 that other type of information, and if it was
4 available, it would be in the file?

5 MS. HERMIZ: Objection to form.

6 A. Correct.

7 Q. And so if it's not in the file, that
8 means you either didn't get a response or there
9 wasn't someone to ask?

10 A. Yes, sir.

11 Q. All right. The last section of
12 overdose deaths says, "Illicit Drug Use." I
13 want to read that to you. "What type of drug
14 does this person usually use and how do they
15 administer it? Have they had medical treatment
16 related to drug use or incarceration related to
17 drug use? Are they involved now or have they
18 been involved in drug rehab or with agencies
19 such as community services or methadone
20 programs?"

21 Did I read that correctly?

22 A. Yes.

23 Q. Are those all questions that you
24 have asked during the course of your work with
25 the department?

1 A. Yes.

2 Q. So there's nothing on that list
3 that --

4 A. That jumps out and -- no.

5 Q. Okay. And fair to say that if you
6 received responses or information that would
7 answer those questions, it would be included in
8 the case file?

9 A. Correct.

10 Q. There's no other place where you
11 would have the answer to, for example, the first
12 question, what type of drug does this person
13 usually use and how do they administer it? If
14 you had that information, the only place --
15 well, it would be in the case file?

16 MS. HERMIZ: Objection to form.

17 A. It would probably be documented on
18 one of the investigation -- either the
19 preliminary investigation report or the final,
20 if not both.

21 Q. Okay. One final question.

22 When you get information, you know,
23 in the course of interviewing family members and
24 friends, and they tell you something about a
25 particular case, do you undertake any efforts

1 to -- to corroborate or disprove that
2 information or do you just note it in the file?

3 MS. HERMIZ: Objection to form.

4 A. We have done follow-ups. Sometimes
5 a lot of the concerns that, say, a family member
6 would have about a certain death is something
7 that, you know, we can't handle, so it's going
8 as far as, you know, getting ahold of one of the
9 detectives that have -- you know, that's in
10 charge of the case that can do criminal
11 investigations and can help that person with.
12 So it's getting those connected. So yeah, we do
13 follow up with families that call and have
14 questions.

15 Q. So if someone says to you they have
16 been -- they have been fighting on and off
17 heroin for three years, what would you do, if
18 anything, to run that down to see if they, in
19 fact, have been using heroin for three years, or
20 would something like that --

21 A. Ask -- ask that person, you know,
22 has that person ever been treated, like an
23 emergency room; has that person ever been to
24 rehab because of that. You know, you try to
25 track it down there. And if they say no, you

1 are just going by that person's word.

2 Q. So in some instances you can't
3 independently prove what they're saying, you
4 just have to rely on what they tell you?

5 A. Yes.

6 Q. Okay. And then you leave the
7 ultimate judgment based on that data to the
8 attending physicians?

9 A. Correct.

10 Q. Do you interact with the Summit
11 County Medical Examiner's Office in your role as
12 an investigator? Do you ever cross-pollinate
13 with Summit County investigators?

14 A. I work for Summit County.

15 Q. That's why you were looking at me so
16 strangely. It was a trick question. Sorry for
17 that.

18 Do you ever interact with Cuyahoga
19 County?

20 A. I go up there for, like, regional
21 coroners' meetings. I know I send a lot of
22 our -- they started like a three-day and a
23 five-day advanced death investigation school
24 that we can get credit -- continuing ed hours
25 for, so -- it's close. So, in that respect,

1 that's about it from an investigative
2 standpoint.

3 Now, I'm sure Steve Perch
4 communicates with, like, their toxicology lab,
5 and they interact much more than what the
6 investigators --

7 Q. And so just in terms of your
8 function and your unit, you don't work out cases
9 with Cuyahoga resources?

10 A. No.

11 MR. CARTER: Now for real, no
12 further questions. Thank you.

13 THE WITNESS: Okay.

14 EXAMINATION OF GARY GUENTHER

15 BY MS. HERMIZ:

16 Q. Gary, thank you for bearing with us.
17 I know it's been a long day. I just have a few
18 follow-up questions for you to clear up some
19 confusion from the record.

20 Counsel for Purdue asked you a few
21 questions about some of your -- whether you
22 shredded some documents or purged documents and
23 how often you did that. I just want to ask you,
24 is there a formal document retention policy that
25 the Summit County Medical Examiner's Office has?

1 A. Yes.

2 Q. So your questions {sic} to Purdue's
3 counsel about shredding or purging any sort of
4 documents, was that in compliance with the
5 document retention policy that your office has?

6 A. Yes.

7 Q. Okay. And you talked earlier in the
8 deposition with counsel about receiving a letter
9 in connection with this litigation about not
10 destroying documents; is that correct?

11 A. Correct.

12 Q. Okay. And since you received that
13 letter that relates to this litigation, have you
14 purged or shredded any documents that have to
15 do -- or since you received that letter?

16 A. No.

17 MS. HERMIZ: Okay. I have no
18 further questions for you. Thank you for your
19 time.

20 MR. CARTER: Nothing further from
21 the defense.

22 THE VIDEOGRAPHER: Off the record,
23 6:09.

24 (Deposition concluded at 6:09 p.m.)

25 - - - - -

1 Whereupon, counsel was requested to give instruction
2 regarding the witness' review of the transcript
3 pursuant to the Civil Rules.

4

5 SIGNATURE:

6 Transcript review was requested pursuant to the
7 applicable Rules of Civil Procedure.

8

9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction regarding
11 delivery date of transcript.

12

13

14

15

16

17

18

19

20

21

22

23

24

25

REPORTER'S CERTIFICATE

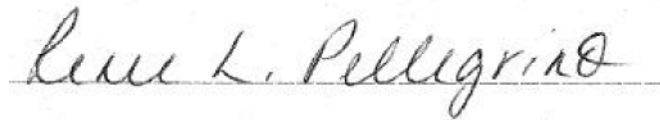
[illegible]

I, Renee L. Pellegrino, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, GARY GUENTHER, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not a
2 relative, counsel or attorney for either party, or
3 otherwise interested in the event of this action.

4 IN WITNESS WHEREOF, I have hereunto set my
5 hand and affixed my seal of office at Cleveland,
6 Ohio, on this 19th day of October, 2018.

7
8
9
10 
11

12 Renee L. Pellegrino, Notary Public
13 within and for the State of Ohio

14
15 My commission expires October 12, 2020.
16
17
18
19
20
21
22
23
24
25

Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

October 19, 2018

To: Kristen M. Hermitz

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3058682

Witness: Gary Guenther Deposition Date: 10/16/2018

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3058682

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 10/16/2018

WITNESS' NAME: Gary Guenther

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date

Gary Guenther

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;

They signed the foregoing Sworn Statement; and

Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal

this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3058682

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 10/16/2018

WITNESS' NAME: Gary Guenther

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Gary Guenther

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 10/16/2018

PAGE/LINE(S) / CHANGE /REASON

Date Gary Guenther
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____ .

Notary Public

Commission Expiration Date

[& - 1988]

Page 1

&	001011269 7:25 248:1,11	113 9:22,22 11327 248:11	290:4,15,22 301:9 325:8 332:14
& 1:20 2:14 3:4,9 3:14 4:3,8,11 8:12 14:3,9,15,18,20,22 289:6	001128715 8:4 250:16,20 001560061 8:15 289:14	114 9:23,23 115 9:24,24 116 9:25 10:3 1175 241:25 118 7:5 11:56 134:18 12 8:3 250:12,20 250:21 251:18,19 252:2 322:8 346:15	160 10:4 1600 5:4 161 10:5,5 167 10:6 168 10:6 169 7:7 16th 13:2 17 1:7 8:14 13:6 109:16 122:24 124:6 126:5 178:2 289:11,19 290:4 290:14 301:9 332:14
0	04 321:8 08 297:24,25 299:6 09 297:24,25 299:6 096 206:5	1211 2:15 12:19 135:3 13 8:5 254:8,10,15 256:5 257:4 13th 229:10 14 7:12 8:7 182:10 201:23 217:2 258:14,23 269:22 271:22 317:11,23 325:8 144 175:1,5 318:5 324:1 146 10:3 14th 202:15 15 6:8 8:9 41:16 45:2 182:17 217:2 259:20 260:2 271:22 276:16 317:9,10,23 325:8 332:3 150 97:21 141:25 15219-6401 4:5 153 10:4 175:11,13 318:6 156 324:2 16 1:15 8:12 109:16 122:24 124:6 126:5 178:2 269:22 289:5,19	172 10:7 178 10:7 18 8:16 295:1,14 296:3 301:9 332:14 180 90:11,22 98:20 181 10:8 1820 347:2 183 10:8 184 10:9 185 10:9,10 186 7:10 10:10 188 10:11 189 10:11 19 7:8 8:18 168:21 295:7,14 296:3 301:9 315:11 332:14 347:4 190 10:12 312:22 193 10:12 194 10:13,13 195 10:14 198 10:14 1987 25:18 1988 15:19 32:24 32:25 184:16
000003815 7:6 118:5 169:9 000028691 236:11 000028708 7:22 244:3,7 000092858 8:21 333:18 000099204 8:11 259:23 260:6 000099406 8:6 254:12,16 000192655 8:13 289:8 000201173 236:12 000201174 7:19 236:4,11 000201177 7:21 241:21,24 000201288 7:13 201:25 202:4 000201499 7:18 233:8,12 000201548 7:9 168:23 169:6 000201655 8:8 258:18 259:1 000202092 206:7 000202094 7:15 205:25 206:5 000203007 8:19 295:10 000204634 8:17 295:4	1 1 7:5 118:1,9,22,25 121:15,16 169:8 220:14,15 234:21 256:8 10 7:22 244:2,5 10/16/2018 347:8 348:3 349:3 350:2 100 239:3 319:4 10036-6797 2:20 10036-8704 2:15 101 9:15 102 9:16,16 103 9:17,17 104 9:18,18,19 175:2,5 318:5 105 9:19 107 9:20 109 323:23 1095 2:19 10:31 79:8 10:44 79:11 10th 242:2 11 7:23 136:14,15 138:3 247:22 248:4 253:18 110 9:20 319:4 1100 4:14 347:1 111 9:21 112 9:21		

[1988 - 271]

Page 2

290:19 291:25 294:7 1995 140:15 19th 169:25 346:6 1:18 1:11 1:37 167:12 1:42 167:15 1st 186:23 221:7 237:22 311:8,17 316:21	321:12 201 5:8 10:15,16 10:16 2010 264:21 319:1 2011 264:21 319:1 319:8 334:7 336:5 336:6 2012 319:1,8 2013 174:9 182:10 254:19 271:22 316:2,20,21 317:5 317:10,20 318:1 322:4 323:15 324:8 325:8 2014 174:25 175:19,25 182:17 260:6 316:2 317:8 318:5 322:5 323:16 324:1,2,8 2015 52:24 62:15 67:11,18 68:1,14 68:24 78:1,12 109:9,16 111:21 112:5,6,10 115:12 115:19 116:2,13 122:24 123:9,17 124:2,6,14,25 126:4 175:9,13,18 178:1 184:8,9,16 193:11,17 200:14 200:15 211:11 216:25 218:23 316:2,6 318:6 322:5 2015-2016 54:3 2015-2017 127:23 201550 169:11 2016 7:8,11 8:3 52:24 54:6 61:4 62:15 67:18 68:2 76:2 109:9 111:2	111:24 112:18,19 113:16,19 114:1 115:17,20,25 116:3 121:22 123:9 168:21 170:1 175:17 186:17 187:9 188:18 189:14 203:15 220:2 221:7,19 223:7 224:16 229:10 238:11 246:23 250:14,25 251:11 252:15 311:8,8,9 311:17,17 315:11 316:3,5 317:9,24 322:14 2017 7:13 56:1 68:2 109:9 112:2 112:23 114:18,23 121:22 123:9 187:4 201:23 202:15 211:12 237:13 238:15 239:4 242:3 322:17,22 2018 1:15 13:2 113:1,8,22 114:6 114:11,15 115:2 186:23 241:17 242:3 346:6 347:4 2019 251:12 314:3 202 3:20 4:10 7:12 2020 346:15 203 10:17 2035 241:25 205 10:17 206 7:14 20s 320:7 212 2:16,20	213 3:7 175:11,13 318:6 215 10:18 230:1 216 4:15 216-523-1313 347:3 216-9343 2:5 217 10:18 220 260:7 2227 346:11 224 10:19 228 10:19 229 7:16 232 10:20 233 7:17 236 7:19 239 10:20 23rd 218:23 240 10:21,21,22,22 241 7:20 243 10:23 243-400000 3:7 244 7:22 248 7:23 25 65:16 25,000 200:10 250 8:3 252-9060 5:9 253 10:23 25322 5:4 254 8:5 10:24 258 8:7 26 334:7 260 8:9 261 6:9 264 10:24,25 11:3 265 11:3,4 268 11:4 27 233:17 271 11:5
2			
2 6:3 7:7 121:14 121:15 168:17,19 169:5,10,13 170:3 170:6 220:15,15 236:11 238:8 242:12 256:18 315:5,6 322:13 323:20 326:13 335:2 2,744 175:20 20 8:20 139:6 153:15 176:14 181:9 195:4 196:17 309:12 333:16,21 335:2 348:16 349:22 350:22 200 10:15 2000 31:7,11,14,20 31:24 140:15 247:7 321:3,16 20005 4:9 20005-5793 3:20 2000s 276:15,16 2003 321:8 2005 203:15 2006 258:25 2008 41:8 321:12 2009 7:24 41:9 247:24 248:6			

[272 - 700]

Page 3

272 11:5 274 11:6 276 11:6 277 11:7,7 28 2:4 280 11:8,8,9 2804 1:6,7 13:6,6 281 11:9 283 6:10 286 11:10,10 287 11:11 28775 250:21 288 11:11,12 289 8:12,14 28th 187:4 294 11:12 202:5 29464 2:5 295 8:16,18 297 11:13 299 11:13 2:59 228:2	306 11:17,17 308 187:24 31 9:3 311 11:18 313 11:18 316 11:19 317 11:19 318 11:20 319 11:20 31st 237:23 311:9 311:17 32 220:4,23 321 11:21,21 322 11:22 324 11:22,23 325 2:9 327 11:23,24 329 11:24 33 219:23 220:23 330 3:11 5:9 11:25 12:3 333 6:11 8:20 338 12:3 339 12:4 340 12:4 113:16 340-1172 5:5 342 6:12 35 9:3 35th 4:4 36 9:4 360 246:23 3825 169:10 39 9:4 3:00 215:23 3:18 228:5 3rd 220:2	234:21 255:15 4,000 7:10 186:16 187:8 4,521 175:24 40 46:17 137:20 179:23 244:23 400 3:10 199:1 200:21 216:6 40s 320:7 412 4:6 415 3:16 43215-5017 2:10 434-5421 4:10 44113-7213 4:14 44114 347:2 44308 5:8 44720 3:11 44th 3:5 45 46:3 218:3 450 198:19 45090 1:11 469-3939 2:11 471-3490 4:6 47700 229:15 230:4,6,7,25 231:5 4:02 258:12 4:06 261:3 4:09 234:6 4:35 283:16 4:40 283:19 4th 54:6 112:17 234:22	501 233:12 50s 283:2 53 221:8 54 9:5 56 221:18 591-6000 3:16 592-5000 4:15 596-9000 2:16 5:32 332:7 5:57 332:10
3			6
3 7:10 136:15,15 186:14,21 208:24 220:15,16 234:9 236:12 257:8 30 29:24 32:20 89:18 115:23 116:9 134:5 139:11 152:5 190:23 196:13 203:13 230:1 232:14 244:23 269:6 300 11:14 301 4:5 11:14,15 304 5:5 11:15,16 305 11:16 305-6400 3:11 3058682 347:7 348:2 349:2	4		6 7:16 228:24 229:3,7 60 113:17 174:15 174:19 318:1,3 600 2:10 60s 64:12 283:2 614 2:11 62 9:5 623 178:22 63 9:6 65 125:10 655 3:19 66 9:6 669 259:1 67 9:7 68 9:7 69 9:8,8 698-3500 2:20 6:09 343:23,24 6th 234:6
		5	7
	4 7:12 136:24,24 137:1,1 141:17 144:25,25 201:21 202:3,7 221:17	5 7:14 205:20,22 206:3,18 207:3,11 228:8,25 322:9,10 322:11,16,22 50 5:7 46:3 98:16 50,000 200:11 500 257:16	7 6:4 7:17 136:14 136:15 138:3 233:4,6,11,17 70 125:11 282:14 282:16,19 700 198:20 199:1 200:22

[70s - administrator]

Page 4

70s 64:11,13 71.8 318:7 7138 252:3 72 9:9 72.2 318:6 725 4:9 75 1:21 234:23 756 253:12 76 9:9 777 3:6 78 9:10 7:30 141:17 144:25 <hr/> 8 <hr/> 8 7:19 136:24,25 137:1 223:7 235:25 236:2,10 80 9:10 65:13 179:24 801 15:23 8040 3:10 80s 183:24 82 9:11 843 2:5 86 9:11 26:6 87 26:7 879-5000 3:20 88 26:6 290:22 89 9:12 <hr/> 9 <hr/> 9 6:5 7:20 241:12 241:19,24 242:1 90 9:12 319:3 90017-5844 3:6 90s 158:4 91 9:13 93 9:13 94 9:14 94111-5356 3:15	950 4:13 96 9:14 153:10 97 153:10 99 9:15 174:10,20 316:19 318:2 323:20 99.9 147:17 325:23 9:03 1:16 13:3 9th 242:5 <hr/> a <hr/> a.l. 5:3 a.m. 1:16 13:3 79:11 141:17 aaron 1:8 abdm 165:2 ability 183:12 297:13 able 17:22 42:3 43:23 45:5 128:13 129:18 131:12,23 133:13 156:21 181:16 190:14 200:3 201:1,7,13 208:11 232:10 238:13 245:3 288:4 293:6 296:7 abuse 59:11,17 117:3,6 180:11 328:17 329:25 335:13 abused 330:8 academy 43:10,13 164:18 accept 255:12 256:10 accepts 146:16 147:1 access 64:25 65:13 94:11 149:20 155:1 157:1 158:14 162:8	167:24 299:16,18 accident 217:15 accidental 37:10 37:16,21 64:3 91:16 104:11 157:18 160:1,6,25 161:7 213:8 accidents 37:25 accounting 73:19 accreditations 47:16 accuracy 152:24 305:19 accurate 29:6 40:8 55:20 72:14 88:17 96:17,18 112:19 188:13,19 259:16 306:11 accurately 17:23 acknowledge 348:11 349:16 act 348:14 349:20 action 346:3 activity 182:3 actual 67:22 95:17 139:10 172:18 208:1,7 222:25 223:1 331:22 adams 4:13 14:5,5 add 131:9 270:4 334:16,17 added 158:5,7 205:2 222:13 254:2 334:2 addict 102:23 327:23 328:9 addicted 102:10 102:14,18 103:12 103:18 104:12,20 105:4,6,10 192:24 327:7,14,23 328:2	328:9,18 addiction 59:10,14 104:23 181:21 183:14 192:22 194:18 328:2 addictions 60:14 181:14,15 addicts 188:4 226:3 addition 199:19 additional 34:13 75:2,23 85:1 128:25 168:16 205:5 additionally 179:24 additions 252:24 address 15:22 236:17 281:4 347:15 adjournment 345:21 adjust 245:14 adjusted 40:13 208:12 adjustments 198:21 adm 48:16 administer 338:15 339:13 administered 178:22 179:5 administration 203:19,24 266:25 administrative 26:12 142:12 204:18 administrator 75:8,8 120:21 227:14
--	---	--	--

[admit - apparently]

Page 5

admit 181:20	307:12,13 309:11	allow 224:24	andrea.ren 2:16
adult 186:8	315:1 325:2	225:1	andrew 223:8
advanced 46:18	agree 65:12 78:10	allowed 83:23	224:15
341:23	109:5 167:23	272:3	anecdotal 80:17
advantage 275:3	220:20 280:10	altered 69:21	293:20 299:15,20
275:17,23	284:18,22 285:5,6	185:22 332:13	305:6,8
advice 186:1	303:19 304:1	alternate 138:23	anecdotally 67:4
advise 191:19	317:20	alyssa 233:19	103:17
advisement 308:9	agreed 333:2	amazing 237:10	anecdote 176:9
advocates 48:22	agreement 332:12	american 44:18,21	angeles 3:6
48:24	agreements 214:1	americas 2:15,19	animals 188:2
aemch 5:5	214:3	amerisourceberg...	anne 2:3 13:11
affirmatively	ahead 19:8 64:7	5:2 13:23	169:2 295:16,24
329:22	145:8 150:20	amount 76:5,6,7	308:4
affixed 346:5	171:8 205:8,9	77:5 98:6 113:2	answer 16:22 17:8
348:15 349:21	246:4 316:10,11	124:11 141:4	19:7,8 64:8 77:16
aforesaid 345:11	336:9	152:5 163:4	93:25 98:1 119:10
afternoon 135:5	ahold 340:8	171:22 186:7	124:3 132:22
138:6,8,13 139:12	aids 31:19	216:7 225:12	144:21 145:15
229:23 234:8	ailment 335:7	245:17 257:16	159:17 160:2
261:6	ain't 113:18	279:8 298:5	232:10 245:13,14
afternoons 138:16	akearse 2:6	amy 121:20	300:13 303:15
139:9 142:8 152:8	akron 1:22 2:2 5:8	122:15,21 130:18	304:20 339:7,11
age 14:25 64:21	13:12,12,15 24:12	130:19 138:12	answered 107:17
221:8 320:5,7	36:8 43:4,22 51:6	157:11 249:21	145:3 208:5
agencies 82:3	61:4 71:16 92:3	253:9 270:18	answering 260:23
166:19 268:16	132:16 134:5	analog 78:7	answers 144:19
338:18	150:7 171:21	109:15 112:15	148:16 209:25
agency 25:20	176:17 177:21	178:5 228:16	anticipated 54:20
70:12	179:1 189:18,21	analogs 54:5 60:20	anybody 194:1
agent 25:19 42:15	akron's 187:23	62:3,13 71:6	216:8 268:23
271:17	al 1:9,10 13:22	110:22 112:10	282:13 320:20
ages 65:12 239:25	283:25	180:25 198:6	anymore 255:12
ago 20:10 32:20	alcohol 72:1	199:14 211:2	anytime 33:19
36:6 45:2 47:2	182:22 183:1,4	226:7 234:25	apartment 42:20
60:17 65:18 81:16	186:7,10	235:18 269:25	apd 172:2
84:19 98:20	alive 304:4 308:1	287:14,22	apologize 121:9
127:18 159:9	allegations 59:2,7	analyst 120:22	aporter.com 3:7
182:14 195:4	allergan 3:17	analyzing 337:13	apparently 61:5
196:13,17 237:8	14:22	andrea 2:14	62:17 224:6,12
256:10 257:23			

[appear - automated]

Page 6

appear 237:12 348:11 349:15	59:10 102:3,4 114:3 149:10	342:20	attendant 120:18
appearance 232:6 273:24 274:13	153:13 163:14 164:10 165:25	asking 29:16 85:18 96:13 108:8	attended 23:11,15
appearances 2:1 3:1 4:1 5:1 6:3	166:1 176:16 231:9 308:16	166:17 226:4 247:1 321:18	attending 160:4 165:14 184:23
appeared 54:7	areas 54:21	334:20 336:3	195:24 335:23
appearing 14:13	261:11	aspect 165:15	341:8
appears 169:15 245:2	arnold 3:4 14:14	aspects 249:8	attendings 262:21
appended 349:11 349:18	arranged 222:24	assessing 80:3	attention 17:13
applicable 344:7	arrangement 136:22	assessment 80:11	attorney 18:23
applicants 126:17 262:7	arrest 229:25	assigned 143:25	19:5 118:13 346:2
applied 127:13	arrested 282:2	assignment 348:2	attorneys 18:11,16
apply 123:16	arrests 272:3 283:3	349:2 350:2	18:21 19:11,15
applying 80:6	arrive 92:6 130:11	assigns 267:1	20:4,15 21:14,22
appreciate 333:5	art 133:12	assist 143:21 271:1	21:23 22:5 23:13
appropriate 80:8 80:13 89:12,25	article 7:10 24:11 24:14 27:17,18	assistance 48:18 49:14 51:11 54:21	attractive 327:6
90:6 112:12	186:15,21 187:3	270:9 281:11	attributable 73:25
113:10 119:10	187:11,15,18	assistant 307:6	87:22 110:18
280:17	225:19 231:8,12	assisted 271:23	174:22 188:16
appropriately 158:23	239:24	associate's 43:3,12	318:21
appropriateness 80:4 89:6 99:1	articles 86:6 107:20,23	associated 160:16 180:23 182:8	attribute 76:20
approval 141:7	aside 101:22 105:15 108:22	183:15 241:3	attributed 85:14
approvals 83:5	137:10 163:9	associates 299:23 327:13	180:11 187:25
approve 58:8 140:24 141:9	232:12	association 46:13	188:9 225:15
approximately 13:3 26:6 131:11	asked 21:21 25:6 29:1 48:2 108:3	associations 49:21	attribution 188:15
april 7:8 168:21 169:25 223:7	108:15 109:2 111:19 115:8	assume 33:14 185:12 274:17	audience 54:14
229:9 315:11	121:8 159:12,15	303:8 323:12	55:13,21,21 56:7
316:5 322:14	202:24 208:4	attached 229:25 255:3 349:7	audiences 55:10
arcos 162:9,10	243:23 249:18	attaches 333:23	audit 151:11,16,16
area 43:25 44:7,13 44:16 47:18 52:3	259:7 265:1,4 284:8,25 304:18	attachment 169:5 169:19 170:4	152:21 254:3
	308:13 334:4	attachments 7:14 205:23 229:9	audited 254:18
	337:4,20 338:24	attempt 336:11	august 186:22 260:6
			aunt 221:18
			authorization 269:2
			authorize 349:11
			authorized 63:7
			automated 8:16 8:18 162:11 295:2
			295:8

[automatic - beginning]

Page 7

automatic 296:4	awareness 230:10	backed 312:12	basis 23:22 135:19
autopsies 34:21,22	b	background 18:25	bates 7:6,8,13,15
212:1,6,24 213:13	bachelor's 129:23	34:7 38:7,14	7:17,19,20,22,24
259:9 309:22	129:25	39:16,19 43:2	8:4,5,8,10,12,15
autopsy 33:23	back 25:18 33:17	50:10 91:8 96:19	8:17,19,20 118:4
55:4 82:25 83:8,8	39:23 41:3 51:1	103:25 104:8	168:22 169:5,10
84:24 87:13,15	65:10 67:13,16	105:9 116:18	201:24 202:4,5
154:22 155:12	68:4,8,25 69:9	119:2 130:2	205:24 206:4,9
212:3,17,21	70:11,14,15,23	131:15 161:21,21	233:7,11,14 236:3
213:11 294:8,12	71:1 79:10 82:21	161:24 162:3	236:10 241:20,24
300:24 301:3,7,17	93:5 94:25 98:12	281:15 282:21	244:6 247:25
303:10,14,24	98:12,14 105:15	288:5 306:19	248:10 250:15
321:21 324:23	106:17 109:19	backwards 41:7	251:14,15 252:3
325:2	111:18 114:4	bad 114:3 208:5	253:11 254:11,15
availability 66:4	115:7 122:17	216:2	258:17,25 259:23
66:22 68:23	125:22 129:6	baggie 190:24	260:6 289:7,14
239:12	145:20,21 150:1	292:25 293:3,7	295:3,9 333:17
available 31:4	151:24 152:2,9,15	331:15	bathroom 224:10
47:19,24 91:4	154:3,7 167:14	bags 76:10,14,18	bci 71:21 125:15
92:17 93:4,7	181:8 182:11	77:9,22,25 78:5	125:16,17 126:25
107:1 143:25	183:11,19 195:4	198:10 200:20	127:19
167:19 212:1	195:10,13 196:13	ballpark 127:24	beacon 24:12
273:24 275:5	205:5 210:18	band 181:22	239:23
284:19 338:4	212:11,17 213:1	bars 42:23,25	bearing 342:16
ave 347:1	214:10 217:23	base 143:17	beating 218:7
avenue 2:15,19	228:4,8 231:10,17	based 50:14 65:12	becoming 41:10
3:10 4:13	236:13 243:23	66:21 70:19 95:8	280:11 325:7
avoid 16:24	245:17 247:13	100:13,18 105:5	bed 224:13
avoided 178:3	254:19 258:11	109:5 115:11	began 296:6 321:2
aware 18:1 19:18	261:2 266:9	124:3 143:16	beginning 7:6,8,13
31:10,13,18 41:22	267:12 273:18	160:2 168:9	7:15,17,19,20,24
42:12 65:22 89:5	274:10 283:18	273:23 274:12	8:4,5,8,10,17,19
148:14 151:9,20	290:22 291:20	288:18 341:7	8:20 21:10 28:2
161:12 189:6	293:15,19 294:4	basic 38:7 46:17	118:4 150:24
193:18 203:10,12	297:11,21 300:6	137:13 169:23	168:22 201:24
204:15 225:22	307:6 314:4	263:2	205:1,24 233:7
231:2 257:4	317:20 318:25	basically 33:7	236:3 241:20
260:15 280:2,25	319:6 321:16	98:22 140:7	247:25 250:15
281:3 319:13	326:3 328:22	225:11 238:1	254:11 258:17
327:17	332:9 347:15	252:19 291:14	259:22 288:8
		292:16 320:3	295:3,9 333:17

behalf 2:2,7,13,17 3:2,8,13,17 4:2,7 4:11 5:2 13:14 14:4,6,9,15,22 58:11 117:10 281:13 believe 24:10 32:19 45:13 56:12 56:19 86:5 87:5 112:15,18 121:25 139:20 140:4 161:3 167:18,21 171:5 254:6 260:18 274:3 275:3 288:24 290:22 323:9 334:19 belt 124:12 benzodiazepines 220:10 329:23 benzos 220:6,9 best 16:19,21 28:15 56:4 78:4 81:14 88:10,11 103:8 137:4 158:3 183:12 190:3 192:7 220:12 260:12 336:21 bet 182:14 better 151:23 232:11 249:11 283:5 327:15 beyond 133:8 196:23 225:2 bid 139:1 big 56:25 78:9 111:15,22 112:8 143:20 151:2 318:13 biggest 65:2 131:17,17	binders 265:19 bindle 331:15 bindles 67:21 68:10 109:21 biography 196:4 birthday 224:4,5 bit 27:1 38:14 39:18 58:20 117:19 131:4 134:11 147:25 173:14 227:24 249:21 274:21 277:15 284:5 287:5 305:3 306:22 309:14 325:14 326:10 bits 281:8 black 329:3 330:2 330:3,9,11 331:5 332:15 blacks 320:12 blank 218:6 267:8 blanks 263:13 blood 72:8 board 44:15,17,18 44:21 47:14 48:16 48:17 49:7 81:24 81:24 82:23 84:7 86:5,5,24 166:3,4 166:7,10,16 167:2 314:2 boards 48:15 81:11 bob 120:21 bodies 76:6 213:12 217:24 259:8 298:19 body 42:2 76:3,4,9 76:14,18 77:8,22 77:25 78:5 84:4 147:12,21 192:5	198:10 200:9,20 bold 335:3 book 130:3 155:7 155:16,17 156:6 157:14,15,21 books 31:22 157:16,24 247:14 265:19,23,25 266:3,10,18 boot 130:7 borrow 208:9 borrowed 207:15 207:20 bottle 69:5,10 92:8 98:19 185:7,11,16 279:10 299:21 302:5 bottles 67:13 68:4 69:1 151:25 152:9 291:18 bottom 213:10 221:16 227:9,10 228:14 244:10 251:16 293:3 335:2 bought 330:1 boulevard 2:4,9 box 279:17 boxes 155:11 boy 224:7 boyfriend 327:11 brad 14:8 bradley 4:8 brandy 2:9 13:20 branjana 2:12 break 17:3,9 78:21 78:23 79:1 117:20 134:13,14,15 135:13 167:9 209:12,14 227:24 283:10,14 319:19	332:4 breaking 123:14 breath 238:13 breathtaking 238:12 brennan 1:20 bressi 81:3 86:1,2 86:21 87:9,18,23 88:14,17 89:5 bretton 3:10 bridge 276:5 bridgeside 2:4 brief 334:14 briefly 187:20 239:22 243:9 bring 67:13 68:25 70:11,14,23 109:19 151:24 152:9 182:14 266:23 282:18 293:15 294:4 319:22 bringing 59:3 257:17 broad 71:22 198:1 299:10 320:6 broader 29:16 91:12 113:5 broken 45:14 brother 216:19 217:4 220:5 brought 67:16 152:2 179:13 189:22 209:17 253:18 261:8 274:10 291:20 brunswick 42:21 bucks 181:10 budget 74:3,7,14 74:18,23 76:23 205:1
--	---	--	--

[build - case]

Page 9

build 111:10 building 153:12 157:13 261:21 built 154:14 275:8 bullet 97:10 bullets 206:16 bunch 209:14 246:6 bureau 125:18 burglaries 180:10 180:17,23 burling 3:14 14:20 burn 127:1 burned 43:1 126:5 burnt 67:25 bush 218:8 business 75:8 145:5 146:10 192:14 227:14 329:8,9 busy 173:16 button 156:15,16 157:25 158:7 188:21 310:23 buttons 246:19 buy 76:9 181:16 200:19,20 buying 284:3 buys 299:25 300:2 byrne 244:11,12 245:10	call 30:4,4 33:19 34:3 42:1 56:19 56:23 65:5 74:11 74:17 93:5,9,11 95:12 97:12 98:13 98:25 130:2 137:17 138:3,5,17 143:8 145:2,11,21 146:2,11 152:12 155:7,17 158:21 160:22 161:11 163:22 164:1 172:11 195:25 197:9,12 214:5 227:3 241:7 246:13,14 262:19 262:21 263:1,4 272:6,7 273:5 290:7 298:25 299:2 306:1 314:16 322:3 340:13 called 14:25 33:21 50:22 142:22 146:2 156:9 157:14 162:9 216:17 217:25 269:3 283:22 311:7 calling 108:7 131:21 152:14 160:23,24 323:10 calls 34:24 65:2 96:24 130:24,25 135:24 143:9 145:17 163:7 164:9 187:16 212:21,21 236:21 262:12,13,15 278:5,13,16 292:16 324:14	calzola 3:9 14:2,3 camera 33:9 camp 130:7 campbell 3:9 14:3 canal 15:23 cancer 109:23 110:4 canton 3:11 capacity 129:6 190:1 caption 345:20 car 210:16,18 card 139:17 140:12 cardinal 4:7 14:9 care 91:23,25 92:2 92:12 95:11 96:12 97:13 100:12 147:6 283:23,24 career 51:8 52:3 110:19 115:13 carey 3:14 14:19 14:19 carfentanil 54:7 78:7 111:1 112:15 112:17 187:25 188:16 189:2,8,15 189:16,24 190:7 190:11,21 191:7 192:7 193:8,23 199:5,8 221:9,15 221:19,25 225:6 225:13 234:23 235:17 242:8,10 246:18 carfentanils 115:4 carolina 2:5 carrying 193:3 carter 2:8 6:8,11 13:16,18 14:11,23 15:6,10 18:8	78:18,24 79:5,12 120:20 134:11,15 135:7 167:10,16 169:1 227:23 228:6,13 230:16 230:19 258:3,7,21 260:19 261:12 288:8 332:11 333:12 342:11 343:20 case 1:7,11 13:6 18:21 19:4,20 25:15 26:2 30:7 30:14,17 33:20 35:9,16 37:7,9,19 37:22 38:19 39:9 53:15,18 63:20,25 64:2 83:1 84:17 85:12,19,22 87:18 87:19,23 88:14 90:4 91:21,22 92:7 95:1 99:5 100:3,7,18,23 101:4,9,13 102:5 102:12 105:18,24 105:25 106:9 107:7 115:12 117:16 143:13,20 143:22 144:1,3 146:25 147:7,7,10 147:19 150:3,4 154:19,20 155:13 155:13,21,24 156:7,14 157:1,13 157:15 158:13 160:12 161:5,17 163:16,19 176:15 176:19 184:21 199:3 207:17 210:24 214:1,25 215:4,5 216:16,18
c			
c 236:16,16 ca 347:25 cabinet 149:11 150:18 151:8 153:12 291:9 cage 150:2 273:19 calculated 73:24 california 3:6,15 175:24			

[case - chart]

Page 10

218:17 220:21 223:16,23 224:1 224:19 227:5 241:2 242:14 243:3,14 249:1,5,6 249:12 250:9 263:16 264:1 265:9 267:14 269:14,21 270:21 270:24 271:14 275:22 291:8,11 294:10,12,22 299:1,2 303:20 306:17 324:16 339:8,15,25 340:10 347:6 348:3 349:3 caseload 198:16 198:23 199:19 212:15 caseloads 214:9 cases 25:21 33:21 35:12 53:25 59:3 60:19,19 64:5 69:13,19 76:7 85:5,10 87:25 91:1,11,15 97:25 98:2 104:10 109:12 110:8 111:22 112:8 141:25 142:1 143:19 145:15 146:15,18 155:4,6 156:20 157:19 162:25 183:1 184:11,15 185:2 185:18,21,25 186:4 189:19 195:14 198:19 199:1,10 200:21 210:6,24 213:20	215:5 217:8 222:5 238:15 242:19 244:23 245:2 246:23 264:2 265:10 266:7 268:18 281:25 283:1 293:15 298:16,23 300:6 314:19 316:12 318:11,19 321:20 325:1,6 326:6 336:20,21 342:8 cash 148:8 222:23 categories 310:3,9 314:7 categorization 309:23 categorizations 309:21 categorized 303:22 311:19 category 198:1 303:23 311:14 cauchon 242:2 cause 62:5,13 72:3 72:7 73:2,6,15 85:8 184:4 195:11 196:1,15 218:10 225:12 237:24 242:5,8,20 293:24 345:11 caused 60:25 85:21 101:4 102:8 200:4 330:8 causes 60:14,23 61:20 68:19 195:16 causing 85:16 196:14 caution 18:14	caveats 314:21 cdc 175:19 176:1 cell 226:17,19,25 273:8 centers 108:23 centre 4:4 cents 139:11 certain 45:11 70:19 73:11,12 81:25 82:6 108:9 144:3 161:3 199:16 231:8,9 241:2 243:19 264:9 265:18 302:11 319:23 321:20 336:20 340:6 certainty 28:7 certificate 219:17 243:20 345:1 349:11 certificates 312:21 certification 44:25 45:4 47:13 165:2 165:11 348:1 349:1 certifications 44:15 47:15,24 certified 15:3 44:17,20 45:19 165:6 certify 345:8,18 346:1 chain 122:11 169:5 229:8,9,14 233:24 235:5 254:17 255:8,24 256:2 257:11 challenge 217:15 challenges 218:14 227:8	chance 45:17 202:7 change 68:19 109:9 136:19 153:18 165:15 167:9 249:4 251:8 256:12 257:14,21 258:1,5,7,8 306:10 347:13,14 349:8 350:3 changed 29:23 33:4 62:17 65:19 66:12 100:17 136:14 153:14 251:4 253:10 269:24 310:5 changes 71:13 135:21 151:20 190:19 249:9 251:11 256:5,15 256:23 276:19 347:12 348:7 349:7,9 changing 227:18 channel 234:9 characterize 114:7 charge 35:2 276:6 340:10 charged 283:1 charges 271:20 charging 271:20 charles 120:18 charleston 5:4 309:6 chart 7:6 117:23 118:4,21 120:3,8 121:14 122:5 124:25 211:5 213:11 235:7,12 255:10,15 256:16 256:18,24 257:8
---	--	--	--

charts 254:25 255:4,7 256:8 257:2 273:24 chat 223:22 cheap 61:7 62:1 cheaper 330:20,24 check 92:20 93:3 155:12 164:9,12 311:11,12 317:13 318:25 319:6 checked 162:23 316:21 checklist 45:9 chemical 227:19 230:4 231:10 chemistries 227:18 chewed 325:3 chief 15:16 41:8 41:10 50:6 52:21 73:4 105:16 137:10 140:3,20 140:24 141:23 142:13,15 143:24 153:23,25 154:11 164:23 204:4,12 204:15,19 206:12 247:11 253:21 290:25 297:22 298:3 299:5 320:23 321:5,10 321:12 338:2 child 25:23 26:2 210:15,17 215:17 215:24 225:2 children 220:22 children's 262:20 china 61:6 179:15 326:15,22 choice 139:3	chronic 106:17 cinninati 225:15 circuit 113:6 circumstance 89:5 142:24 circumstances 39:1 53:9 69:9 95:19 98:17 128:8 142:16 143:3 219:3 266:22 282:8 citation 211:14 cites 242:8 city 2:2 13:12,15 42:21 92:3 163:6 civil 15:2 344:3,7 348:5 349:5 clamor 188:4 clarence 134:2 clarification 17:18 clark 43:4,5,6,6 class 46:17 classes 43:24 47:10,20 classified 165:21 183:5 246:10,11 286:9 classify 182:22 clear 26:17 28:16 29:16 197:22 245:13 310:11 342:18 cleared 83:11 clearly 16:14 clerk 281:22 cleveland 3:10 4:14 127:10 346:5 347:2 click 311:10 climb 324:9	clinic 88:6 clippings 213:3 close 56:10 129:14 139:19 160:22 224:4 272:5 299:23 314:1 327:13 341:25 closer 128:12 closes 144:25 closest 163:13 clr 1:25 clue 163:10 clumped 285:22 cocaine 71:8 111:9 114:9,22,23 181:4 221:19 222:1 235:1 246:9 329:12 330:11 code 149:13 codes 209:13 coincided 211:10 coke 109:14 111:12 cold 93:9 164:9 collect 29:2 72:1 105:25 106:22,25 194:7 231:20 collected 148:5,24 149:5 273:12,15 collecting 213:2 325:25 collection 255:20 256:8,19,20 257:8 257:12 college 34:8 43:5 129:24 195:8 267:2 color 190:24 colors 70:25 71:13 columbus 2:10 7:10 186:15,21	187:7 combating 113:22 combination 172:18 174:22 175:6 191:5,8 211:2 234:12 246:12 combinations 191:10 combined 275:20 come 40:1 44:9 46:14 51:9,12 55:1 56:17,22,24 65:10 66:21 67:7 67:20,23 68:4,8 81:24 82:21 93:2 93:5 98:11,12,14 101:8,12 110:8 126:17 130:14 131:14 135:22 137:10 139:13 143:4,14 153:3 158:2 161:15 162:20 166:18,23 194:11 196:10 209:22 210:5 211:5,25 214:6,14 222:4 223:10 227:16 230:24 240:25 241:4 266:16 274:8 277:3 278:10 319:20 320:9 331:16 comes 88:24 91:10 93:17 143:8 145:2 146:11 151:5 186:5 226:16 228:22 263:5 279:17 314:2 329:2
--	---	--	--

[comfort - continuing]

Page 12

comfort 78:21 comfortable 16:7 17:2,7 28:6 70:20 217:20 coming 76:8 140:5 262:13 274:22 317:25 326:14 command 122:11 comment 108:16 225:19,23 commenting 99:1 comments 224:8 256:3 259:12 commercially 275:5 commercials 278:3 commission 346:15 348:19 349:25 350:25 commissioned 345:7 committee 152:21 common 192:2,3 198:24 306:8,9,14 commons 3:10 communicated 75:22 communicates 342:4 communicating 35:1 231:17 communication 187:15 community 338:19 companies 3:3 278:6 company 2:18 4:2 200:9 277:20	comparative 331:12 compile 209:11,16 compiled 235:8 complain 42:1 complaint 23:19 59:5 complaints 41:22 41:24 42:12 245:25 complete 269:12 completed 43:9 268:16 269:14,21 311:23 312:1 314:10 345:20 347:15 completes 133:17 completing 29:23 complex 143:14 compliance 343:4 compliant 335:11 comply 28:23 composite 206:4 236:7 compound 208:4 computer 83:3 140:23 149:25 154:7 169:21 207:23 227:11 263:13,14 281:21 315:21 computers 154:3 247:15 307:9 concept 334:21 concerning 66:4 concerns 335:13 340:5 conclude 294:13 294:14 301:11 303:5	concluded 107:8 343:24 conclusion 72:16 101:8,12 conclusions 106:5 conduct 36:11 conference 18:5 confidential 295:19,23 confirm 72:22 239:17 confirmation 199:18 confirmed 71:20 189:24 237:23 confiscate 230:6 confronting 116:12 confuse 76:16 confused 127:12 confusion 342:19 connected 340:12 connection 25:25 57:24 87:7 180:24 343:9 connolly 4:8 14:9 consent 84:1 consents 83:5 consider 48:3 59:13,16,22,25 60:3,6,9,13 66:3 80:1 112:10,11 197:1,17 220:23 318:10,18 considered 99:6 272:15 consistent 235:18 277:4 319:3 consolidated 162:12	constantly 138:24 constructive 27:7 consulted 75:1 172:2 consulting 172:5 173:7 consumer 73:21 cont'd 3:1 4:1 5:1 8:1 10:1 11:1 12:1 contact 146:7 166:18,19 262:5 271:9 280:22 309:2 contacted 308:15 contacts 249:25 contain 294:12 containing 293:4 content 18:20 22:3 170:21 252:17 334:25 contents 7:24 8:3 247:24 250:14 context 25:13 50:5 52:2 63:23 72:12 92:16 102:17 106:25 110:3 163:10 171:1 225:18 303:18,24 continue 78:20 79:13 135:10 149:22 169:10 174:25 175:16 177:9 180:7 197:20 234:20,25 244:20 continued 135:6 continues 175:9 179:22 continuing 46:4 46:11,25 47:5,9 50:2 68:1 206:5
---	---	--	---

[continuing - county]

Page 13

222:2 341:24 contract 74:21 76:5 127:17 139:1 200:10 contribute 108:4 109:2 202:10 control 108:24 230:7 336:24 controlled 165:24 conversation 18:15 39:24 92:18 98:8 194:22,23 217:16 218:11 conversations 38:15,18 62:10 66:14 196:20 197:15 319:22 converted 67:24 convicted 85:16 copied 30:20 233:19 235:6 244:15 copies 31:10,13 234:18 copy 30:6 94:15 118:12,13,17 169:2 174:4 250:22 corner 206:15 coroner's 45:7 coroners 46:13 341:21 corporation 3:13 5:2 13:24 14:20 correct 15:19 25:24 26:3,25 32:9,10 35:13,14 39:6 40:16 42:10 44:23 49:17 52:7 55:10 60:20 61:10 63:9 69:2,3 73:2	80:16,20 94:24 97:3,16,18 103:2 103:14 104:12 106:7 108:16,20 108:21 116:15 121:1 130:11,12 144:15,16 146:8 147:14,23 168:13 169:19 170:1,21 174:24 175:7,14 177:5,24,25 179:5 179:6,11,20,21 180:5 185:20 186:23 187:12 189:8,11,12 190:14 196:1,6 198:3,7 199:2,7 200:17 202:16,17 204:11,13 206:25 207:7,13 210:2,3 210:10,11 211:18 212:5,7 218:24 219:14,24 220:2 220:17,19,22 221:20,21 225:16 225:17 227:19,20 232:4 233:19,20 235:13,14,22,23 237:2,5,15,18 238:17,18,20 239:6 242:24 244:16 248:8,15 253:25 254:1,22 254:25 255:5,6,21 255:22 256:11 259:10,11 277:23 278:21,22,24,25 279:12,13 280:1 280:19 282:25 288:17 290:18 291:24 292:13	294:7,9,23,24 297:4,8 300:25 301:17,23 302:1 302:18,19,21,22 302:24,25 303:7 304:25 305:20,22 310:1,7,24 315:11 315:12 316:4,25 317:3 318:4 327:2 327:3,5 337:1 338:6 339:9 341:9 343:10,11 345:15 corrected 40:13 40:19 corrections 253:10 347:12 349:17 correctly 174:13 174:17 175:3,21 177:17 179:17 180:1 188:7 235:3 237:14 239:5 245:8,9,19 247:19 301:11 316:11 334:23 335:20 338:21 correspondence 207:3 254:20 corroborate 340:1 cost 68:23 76:11 76:15,16 171:20 171:25 173:3 181:9 199:4,5 costs 73:24 75:15 180:4,4 181:15 198:24 199:9,25 201:1,8,14 227:18 council 205:5 counsel 13:9 18:23 19:2 168:6 260:21 332:12 333:2 342:20 343:3,8	344:1,10 346:2 counseling 26:14 59:20 216:14 count 152:6,11,16 152:19 178:9 213:12 234:12 counter 78:19 counties 237:11 245:3 counting 152:10 countries 179:14 counts 151:23 152:18 291:6,9 county 1:9 2:2 7:5 8:7,9,14 13:12,14 15:17,25 16:1,2 19:19 23:25 24:10 25:18,21 26:1,24 27:1 32:4 41:19 49:22,25 59:2 65:15 66:23 72:25 79:20 85:20 87:20 93:16 99:25 100:2 100:6,12,17,22 101:5,10,23 105:18 106:10 109:6 111:20,23 112:1,4,20 113:10 113:21 114:8,11 114:17,23 116:10 116:12 118:2 122:10 127:11 129:10 130:5 144:13 146:25 151:15 163:16 167:24 174:9,21 178:8,11,11,21 182:3 184:16 187:23 188:3,14 189:14 193:23 206:11 209:6
--	--	---	--

210:9,13 213:13 213:17,23 214:3,5 222:5 225:23 229:24 230:4 231:9 232:17,22 233:1 234:7,11 239:17 244:14 254:3 255:18 258:16,24 259:21 260:5 261:8,19 276:9 278:17 281:13 289:12 292:2 307:10 309:9,19 328:6 341:11,13,14,19 342:25 345:4 348:10 349:15 county's 23:18 48:15 116:4 168:9 309:9 couple 16:6 18:12 20:10 47:22 81:5 131:6 145:10 151:2,18 168:15 197:24 206:22,23 207:2 210:9 214:11 233:13 237:8 238:9,24 243:2 247:17 251:10,24 254:7 254:21 255:4 257:23 297:11 course 22:4 26:22 41:18 47:4 51:16 61:25 62:10 65:22 89:18,22 90:18 92:17 95:24 99:4 101:2 110:2,19 115:23 125:3 131:12 140:20 158:15 162:19	167:10 181:25 182:6 194:7,10 230:24 232:14 240:2,8,14 287:4 288:15 317:15 332:21 337:25 338:24 339:23 courses 34:8 44:13 court 1:1 13:7 16:9 25:8,14 49:2 58:16 62:25 118:14 150:6,10 150:15,16,23 291:13 295:21 348:7 courts 83:11 281:22 cov.com 3:16 cover 129:18 142:23 143:2 202:14 261:11 286:16 315:10 322:18 coverage 143:16 covered 25:7 142:20,23 261:11 covington 3:14 14:19 crack 282:17 crash 262:24 create 196:3 207:19 created 57:23 171:6 203:6 266:4 309:10,18 creating 40:2 208:8 307:11,16 creation 208:1 252:17 credit 341:24	crime 48:21 50:23 125:19 226:24 230:5 231:15 331:19 crimes 180:9,18 180:22 criminal 125:18 182:3 272:1 281:15,23 282:5 282:23 340:10 crisis 281:5 criteria 94:8 criticism 27:7 cross 120:13 341:12 crossed 121:4 215:11 276:5 crosses 215:11 crossing 120:14 crushed 69:20,23 185:23 cummings 5:12 18:4,6 current 15:15 46:8 67:18 78:2 120:4 122:13 136:19 141:14 212:23 248:17 251:1,2 255:7,23 256:20 257:11 260:11 currently 32:11,12 109:7 110:25 111:6 121:17 124:8 213:5 263:6 264:8 278:7 290:10,13 302:10 309:7 curve 131:18 custody 25:23 148:19 150:9 151:21 255:8,24	257:11 custom 275:8 customarily 320:22 cut 97:9 180:5 cuyahoga 127:11 217:23 341:18 342:9 345:4 d d 2:19 291:10 d.c. 3:20 4:9 dad 197:6 305:24 daily 135:21 178:9 dan 1:8 dashboard 178:8 209:7 data 176:1 178:21 211:5 234:10,14 235:7,8,13 237:17 238:6,20,25 239:16 240:21 243:12 245:1,17 250:9,9 276:3 315:23 316:1 341:7 database 63:3 154:7,9,10,13,19 155:6,7,17,21,25 156:7,7,11,14,22 157:2,13,15,22 158:2,13,22 162:9 208:25 209:3 210:2 237:21 240:19 241:1,11 243:12 244:18,20 244:22,25 245:7 245:12,15 246:6 247:1,4 249:7,10 249:14,17 250:3 253:20 274:22,23 276:7 300:12,15
--	---	--	--

[database - dechert]

Page 15

300:19 306:23	326:5 341:22,23	36:18 37:10,16	113:9,17,23
307:2,17 309:15	342:17 346:6	41:25 42:2 44:18	115:14 142:6
309:18 311:18	348:16 349:22	44:21 46:17 48:23	156:10 159:8
314:4,22 316:15	350:22	49:10 52:1 64:3,6	160:17 174:11,20
323:10 324:16	days 33:17 35:20	64:14 67:12 69:22	175:1,6,11,12,20
databases 155:5	125:13 135:22	72:3,4,7 73:2,2,6,6	175:25 177:11
158:14 159:3	136:1 137:16,19	73:15 85:8,14,17	182:16,21,22,25
date 13:2 27:24	141:4,5 212:2	85:21,21 91:16	183:21 184:10
121:23 150:3	220:6,24 226:17	101:5 130:24,25	185:6 186:17
155:9 156:18	234:21 243:2	130:25 131:5,21	187:9,24 188:15
169:25 176:15	297:1 305:14	132:15,23 135:23	189:19 213:7,8
185:9 218:23	312:22 347:18	142:21 143:8,20	214:20 215:20
234:19 245:4	daytime 34:20	144:13,18 145:12	234:10,12,21,21
264:17 268:12	270:10,17	145:17 151:24	234:23,24 235:17
269:23 296:20	dayton 43:8	152:12 155:8	238:25 239:4,8
322:21 344:11	dea 230:7	160:14,25 178:3	246:7,8,15 271:19
347:8 348:3,9,19	dead 197:4 223:8	183:6 184:4,17,24	309:22 314:23
349:3,13,25	304:4 325:4	190:23 195:11	315:2 316:15,20
350:20,25	deal 35:12 190:20	196:1,15 212:21	319:7,18 323:1,16
dated 7:8,12	216:14	215:6 218:10	323:21 324:8
168:21 186:22	dealer 226:12	219:17 221:13	335:1,3 338:12
201:23 315:10	dealers 180:5	225:12 234:7	debra 2:19 13:25
dates 20:18 33:2	271:18 329:6	237:9,25 240:4,10	261:7
139:20 155:15	dealing 35:1 38:1	240:15 242:6,8,20	debra.ogorman
156:18 237:21	38:2,8 107:23	243:20 246:10,11	2:21
264:14 298:1	109:7 111:20,23	262:12,15,17	deceased 39:17
daughter 104:2	112:1,4,20 114:12	265:24 266:8	103:18 163:1
dave 124:24 126:7	114:17 116:5	267:5,22 268:13	192:23 291:5
dave's 126:11	132:18 189:20	269:23 273:5	293:13,22 297:17
david 120:19	190:9 192:13,17	279:5 280:23	deceased's 35:3
davis 120:21	192:18 195:2	282:15 283:6	38:3 72:8
day 2:8 13:18,21	199:21 217:12	298:6 299:1 301:4	decendent 252:9,12
52:3 130:18	232:17 335:25	306:8 312:20	254:25 255:19
132:21 136:4,4	deals 226:9	330:8 336:1 340:6	276:21 335:10
138:1,5,13,13,16	dealt 49:8 262:5	341:23	decendent's 216:19
138:18 142:9,20	dean 120:18 165:6	deaths 7:11 22:15	decedents 194:12
142:20 144:21	212:4 313:7,9	22:17 37:21 38:5	281:16
173:14 181:8	334:7	38:9,10 65:14	december 211:11
185:10 210:4	dear 347:10	78:7,12,14,16 97:5	237:9,22 311:9,17
231:23 238:9,23	death 31:21,22	108:8 109:10	dechert 2:18 14:1
257:17 271:10	34:19,24,24 35:19	110:12 112:7	

dechert.com 2:21 decide 272:21 decided 127:3 decision 73:1 100:12 269:12 decisions 98:14 deck 222:3 decline 237:11 declining 335:18 decrease 78:11 239:8 deed 348:14 349:20 deemed 347:19 defendant 100:7,9 100:18,23 101:9 101:13 defendants 14:1 14:16 58:21,24 59:3 100:2,13 101:4,17,22 260:22 defense 343:21 defer 258:4 defers 141:11 definition 284:14 318:13 definitional 182:21 degree 43:3,12,21 44:4 129:23,25 307:9 degrees 130:1 delay 268:6 delayed 268:3,15 delete 29:3,7 delivered 326:21 delivery 344:9,11 demand 198:22 demands 200:3	demographics 154:21 denice 75:9 192:14 202:12 205:4 241:7 dennis 236:15 deny 104:4 department 7:5 27:2,6 29:18 34:1 40:24 89:23 93:6 104:10 115:24 117:24 118:2 120:15,25 132:16 133:5 135:18,20 149:18 177:21 178:8,23 184:9 192:16 198:25 200:4 201:2,8,14 203:14 209:1,6,6 213:16 215:1 224:20 239:21 240:3,9 244:14 248:12 249:24 254:22 255:25 261:20,25 262:2 266:20 272:11,13 276:8,14 294:19 309:9,10,12 313:20 320:19 334:8 335:23 338:25 347:22 departments 158:18,18 178:11 209:24 departure 125:2 126:11 depends 30:21 37:21 70:10 142:4 173:15 263:3 264:16 268:2 269:9 290:11	312:12 328:16,21 depicted 230:21 depicting 214:17 227:9 depicts 222:18 deployed 245:12 deployment 245:15 depose 308:5 deposed 15:3 19:20 25:7 deposition 1:13 13:4 15:9 16:3 18:10 19:12,16,23 20:1,5,8 21:23,25 28:5 51:16 88:25 118:1,10 168:8,19 186:14 201:21 205:22 229:3 233:6 236:2 241:19 244:5 247:22 250:12 254:10 258:14 259:20 262:12 289:5,11 295:1,7 295:19 308:20 332:24 333:16 334:5 343:8,24 345:18 347:8,11 348:1,3 349:1,3 depositions 332:21 333:1 depression 306:20 306:21 deputy 120:17 describe 68:15 102:23 113:11 116:4,11 170:6 171:25 298:11 described 34:4 50:3 92:10 106:24	116:12 166:3 195:23 235:19 287:9 300:8 326:24 describes 304:17 describing 317:19 318:16 description 7:3 103:20 112:12 337:24 descriptions 182:1 designating 159:25 desk 75:6 324:14 despite 220:21 destroyed 30:12 destroying 343:10 destruction 150:8 detail 39:6 119:10 277:11 details 37:3 53:15 81:17 88:13 96:12 190:2 194:21 219:2 246:3 detectives 37:4 178:24,25 179:8 272:6,24 340:9 determination 72:4 73:5 81:9 87:21 91:6 102:13 160:14 determine 70:17 73:15 280:17 determined 101:3 230:25 269:11 determines 110:18 determining 196:14 developed 33:18 154:15
---	---	---	---

development 277:16 diagnosed 102:17 diagnosis 104:22 106:17 diamond 1:20 die 35:20 83:12 147:2,5 176:10 177:12,13,23 178:16 209:23 215:17,18 262:18 281:17 282:16,19 327:18 331:13 died 88:1 104:2 155:10 178:13 185:22 215:7,24 219:12 221:18 269:6 303:18 dies 38:5 91:3 147:9 185:10 262:23 304:11 difference 285:8 different 35:12,19 37:24 45:15 46:15 47:22 50:13,15,24 56:21 83:21 93:11 97:17 138:9 151:13 165:17 194:9 195:20 197:24 199:5 209:15 214:20 219:18 222:6,6 231:15 236:8 241:6,10 242:6 254:21 277:5,6 293:3,12 303:16 303:17,19 304:21 differential 139:11 differentiate 198:12	differentiating 198:5 differently 333:9 difficulty 126:16 dimaio 266:10 dinapoli 204:23 244:15 dinner 57:15 direct 49:18 97:11 119:12 122:2 207:25 218:7 directed 65:8 69:16 190:3 direction 92:12 163:11 directions 39:22 directly 180:9 directors 48:18 49:7 directory 250:2 disagree 105:6 disaster 214:2 disc 264:6 discard 267:16,18 disciplinary 26:12 discipline 148:3 262:3 disciplined 41:20 discovery 23:25 24:4 discuss 24:19 57:7 232:21,25 discussed 43:17 144:10 334:8 discussing 47:14 60:16 discussion 18:20 54:15 295:22 309:14 discussions 304:17	disease 108:23 disorder 328:8 dispatch 7:10 186:15,21 187:8 225:19 dispose 149:7 disprove 340:1 dissatisfied 277:10 distinction 108:11 287:11 distinguished 285:2 287:5 distribute 334:18 distributed 138:1 distributing 149:3 distribution 332:20 distributor 117:9 161:25 201:10 232:21 240:11 district 1:1,2 13:7 13:8 diversion 230:7 division 1:3 13:8 74:13 136:19 151:15 divisions 151:16 divulge 18:20 dna 70:8,8,9,10 331:1,15,17,19 doable 245:16 doc 98:13 141:7 docs 64:17 296:14 doctor 79:20 82:4 88:24 90:7 93:2,3 95:5,7,17 96:15,25 98:5 102:1 160:11 186:9 194:24 195:5 196:8 212:25 213:6 268:9 269:17	280:10 299:2 312:14 313:3,5,10 313:11,16,21,22 313:23 314:2 336:13 doctor's 80:12 161:11,11 269:3 278:8 337:15 doctors 63:5 73:14 80:17,22 88:16 89:7,16 92:23 93:16 96:9 99:22 131:21 157:19 160:5 162:8 168:1 212:16 218:2 262:21 269:5 278:6 280:16 337:11 document 1:8 23:21 40:23 99:13 119:9 170:6 171:18 173:25 203:3 252:4 259:3 260:4 263:6 317:15 328:20 333:23,25 334:10 337:15 342:24 343:5 documented 106:15 302:9 328:3,10,12 335:13 336:14 339:17 documenting 132:11 documents 22:3,5 22:7,13 23:8 27:20 29:2,10 118:11 247:18 332:17 333:7,10 342:22,22 343:4
--	--	--	---

343:10,14 doing 21:16 42:17 45:7 58:13 65:4 70:8 97:11 142:12 169:7 176:11 200:22 212:13 217:19 269:6 288:6 306:8 dollar 171:22 dollars 77:1 257:19 door 126:18 193:1 224:11 326:23 doors 215:23 dorothy 120:17 313:7 334:7,9 dorsey 134:3,4 148:1 dosage 292:18 doses 178:23 179:4 193:3 335:15 337:9 doubled 76:7 257:19 doubling 216:7 doubt 70:25 downtown 140:17 266:24 dr 19:18,22 27:9 40:4,5,16 45:9 57:24 58:1,8 63:11,11 73:9,9 75:2 80:24 81:3,6 81:7,10,15,20 82:10 83:19,19 84:5,17,22 85:5,6 85:7,13,22 86:1,2 86:21 87:9,18,23 88:14,17,17 89:4,5 91:6,7 94:5,5 97:7 98:9,9,25 107:14	107:16 132:9 141:2,7,9 144:11 157:10 160:13,13 161:2,16,16 165:5 165:6 192:13 202:12,16,22 204:22 205:4,10 207:16 211:6 212:4,18,22 214:15 219:22 221:3 222:9 223:13 233:18 234:6,8,17 235:7 235:13,15 243:24 244:11,19 252:20 252:25 253:4,4,6 262:4 266:6 268:9 269:15,18,18 276:13,18 284:8 284:25 296:9,11 296:11 307:10 312:2 313:9 322:19 323:5 324:13 333:22 334:4,9 draft 173:22,24 257:4 drafted 40:9 drafts 29:13,19 drink 280:8 drive 15:23 280:8 drop 128:22 238:11 dropped 142:11 142:14 drops 237:12 drug 5:2 8:12 13:24 22:15,15,16 25:19,20,21 42:15 42:17 65:4 68:16 70:17 98:21	105:21 117:8,9 161:25 175:1,10 177:6,14,15 180:5 180:7,11 181:6,23 183:20 186:6 188:5 191:5 196:22 200:12,23 201:3 208:25 216:21 227:18 230:5 231:9,12 232:20,24 240:4 240:10 242:3,6,21 242:23 253:20 271:17,17 274:14 274:18 280:2 283:4,6 289:6 290:6,7,8 292:7,18 297:5 301:3 304:21 306:8 309:23 310:9 311:14,17,19 312:4 314:6,23 315:2 316:14,24 317:1 319:6,23 320:21 322:2 324:7,22 329:6 338:12,13,16,17 338:18 339:12 drugs 68:20,23 70:7 72:10,11 102:7,8 105:19 111:6 114:10,14 115:6,9 150:7,12 171:20 172:14 179:13 181:1,2,7 182:19 191:5,6 201:5 219:19 232:5 234:10,12 235:2 243:4,17 256:19,21 271:13 273:23 274:4	277:17 278:20 280:17 283:4 291:10,11,17 294:15,20 328:22 328:23,24 329:9 331:8 335:8 due 151:5 200:23 234:24 251:3 335:16 337:9 duly 15:2 345:7,9 duplicate 315:14 duties 22:9 26:1 29:11 34:17 61:25 dying 113:3 183:16 195:15 219:23 220:5,22 239:15 282:13 e e 7:7,12,14,16,17 7:19,20,22 8:5,20 29:8 168:20 169:5 169:16,21 170:1,5 201:22 202:15 205:23 206:6 207:3 229:4,8,10 229:14,17 230:15 233:7,18,23 234:3 234:6 235:10,24 236:3,8,14,17 237:25 241:13,20 242:2,13 243:10 244:3,6 254:11,17 255:1,4,15 256:2 256:25 315:10,21 315:22 322:18 333:17,22 334:5 earlier 25:6 108:13 160:2 198:10 203:10 215:24 235:19 247:18 253:24
--	--	--	---

262:11 273:22 317:14 343:7 early 276:15,15 321:3,16 easier 41:7 58:16 120:11 169:8 218:1 easiest 132:20 218:8 easily 16:17 east 1:21 eastern 1:3 13:8 easy 101:18 126:15 133:1 311:1 318:2 eat 319:19 ed 13:18 15:10 47:5 341:24 edition 260:11 editions 252:15 education 43:14 43:18 44:1,4,13 46:4,11 47:1,10 50:2 educational 105:8 edward 2:8 effect 62:21 177:15 248:24 257:22 effective 250:24 effects 178:19 efficiency 128:23 efficient 17:10 efficiently 227:25 335:19 efforts 271:24 281:3 339:25 eh 90:22 eight 135:23 136:16 137:6,18 220:6 264:20	either 27:9 39:8 71:20 72:21 84:6 125:10 161:6 197:5 211:1 217:8 224:16 231:6 253:8 281:18 290:16 299:23 328:2 336:18 338:8 339:18 346:2 elderly 91:2 electronic 158:14 159:3 247:4 253:20 263:21 elephant 225:5 elevated 113:15 eliminated 33:6 34:10 167:19 ellis 3:18 4:12 14:6 14:22 email 347:17 embrace 334:21 emcarter 2:11 emch 5:3 6:10 13:22,22 283:21 295:16,21 296:1 308:4,10,22 332:2 emergencies 145:16 emergency 178:10 178:13 191:16 209:1,9,24 239:15 240:1 340:23 employee 148:18 148:22 191:22 193:6 262:4 309:4 employees 26:14 124:21,22 126:5 127:22 146:1 262:1 309:12	employment 15:15 26:22 empty 67:14 69:1 185:11 ems 179:5 239:17 enclosed 347:11 encountered 64:22 90:15 encourage 119:6 endo 3:2,2 14:15 ends 252:3 enforcement 25:20 35:5 36:2 36:23 37:12,17,18 38:9,11 42:15 43:3 51:8 61:9,19 61:24 62:4,11 65:24,25 66:15 70:6,12 71:11 131:15 226:13 255:13 263:3 271:12,24 326:20 engage 96:1 engaging 182:3 enjoys 139:5 enter 291:6,10 entered 18:4 184:8 253:19 312:5 349:9 enticed 127:19 entire 89:22 140:2 177:1 290:24 348:5 349:5 entirely 77:16 entirety 187:19 entitled 18:14 entity 14:15 entries 311:18 entry 221:8 228:14 242:22,24 245:1	envelope 267:14 envelopes 273:19 epidemic 109:7 111:19,21,24 112:2,5,11,11,21 113:5,11 114:8,12 114:18,23 116:5 116:11 180:8 206:11 317:16,18 318:8,11,13,18 322:3 330:15 equal 72:3 equates 77:1 eric 3:5 14:14 eric.shapland 3:7 erie 164:12 err 160:23 errata 347:13,18 349:7,10,18 350:1 especially 38:11 76:2 110:23 132:21 152:8 192:4 213:1 282:12 326:14 esq 2:3,4,8,9,14,19 3:5,9,14,19 4:4,8 4:13 5:3,7 estimate 28:15,17 53:1,2 88:10,11 128:5 183:13 330:6 estimated 179:22 estimating 28:16 et 1:9,10 evaluate 89:10 evaluated 89:6 337:17 event 51:2 346:3 eventually 149:3 263:22 269:16 291:12
---	---	---	--

[everybody - expert]

Page 20

everybody 93:22 115:3,5 137:18 216:5 218:8 everyone's 169:8 195:20 evidence 35:25 38:12,12 67:16 68:4,8,25 69:10,14 69:20 71:23 72:2 80:17 91:17 92:7 92:11 106:10 109:19 148:4,23 149:25 150:23 161:13 162:20 213:3 226:16,24 231:21 250:7 251:6,9 255:21,24 272:15,20 273:7 274:10 275:21 292:4 293:3,21 301:15,20 302:2,5 303:3 305:6,8 325:21 326:1 331:11 exact 27:24 33:2 39:20 121:23 176:15 287:18 320:10 exactly 58:14 170:7 216:24 300:13 311:1 exam 45:5,13,13 45:25 46:6,23 72:7,20 97:7 110:9 269:17 331:16 examination 6:7 15:1,5 135:6 260:21 261:4 283:20 333:11 342:14	examinations 33:23 examiner 7:5 8:7 8:10,12,14 19:19 26:24 40:7 85:20 118:3 120:17 130:7 210:2 245:22 255:19 258:16,24 259:22 260:5 289:6,13 examiner's 15:17 23:2 24:19 25:18 26:1 31:6 32:4,23 41:19 42:16 45:7 73:1 74:7,15 87:20 93:16 120:9 122:10 127:11 144:14 147:1 151:12 174:10,21 184:3 188:4 261:16 262:2 263:23 272:10 276:14 292:1 309:20 319:15 341:11 342:25 examiners 164:18 example 36:17 42:5 46:11 82:24 83:18 93:8 94:25 97:19,20,23,24 98:24 105:4 163:11 179:15 185:23 238:19 241:13 242:7,19 242:20,25 286:1 289:2 319:8 339:11 examples 42:11 236:24 252:19 exception 147:16	exchange 105:16 241:13 243:7 exclusively 172:19 excuse 14:12 32:7 100:10 121:14 233:17 239:2 262:14 334:16 executed 349:10 execution 348:14 349:19 executive 24:11 255:19 exhaustive 111:11 exhibit 7:5,7,10,12 7:14,16,17,19,20 7:22,23 8:3,5,7,9 8:12,14,16,18,20 117:23 118:1,9,22 118:25 119:19,24 121:14,15,16 168:17,17,19 169:4,8,10,13 170:4 186:12,14 186:21 201:19,21 202:3,7 205:20,22 206:3,18 207:3,11 208:22 227:22 228:8,12,24 229:3 229:7 233:4,4,6,11 233:16,17 235:25 236:2,7,10 241:12 241:15,19,24 242:1 244:2,5 247:22 248:4 250:12,20,21 251:18,19 252:2 254:8,10,15 256:5 257:4 258:14,23 259:20 260:2 289:5,11 290:4,14 290:14,22 295:1,7	304:16 315:5,6 322:8,9,13,16,21 323:20 326:13 333:14,16,21 335:2 exhibits 6:4 7:1 8:1 118:12 168:16 257:24 289:19,22 295:14,23 301:8 332:14 exist 31:7,20 119:15 257:5 existed 204:6,10 204:20 existence 24:8 existent 125:9 existing 276:3 exotic 199:22 expect 130:15 315:1,3 expected 274:8 expeditiously 332:23 expensive 327:2 experience 65:13 70:20 104:9 109:1 109:6,22 116:5,22 126:1 161:13 178:1 189:7 288:5 288:19 297:20 305:13 306:5 310:2 313:2 324:7 324:21 326:19 327:9 329:1 experienced 143:15 214:8 experiences 330:4 expert 27:13 48:3 59:13,16,22,25 60:3,6,9,13 66:3 80:1
--	---	---	---

[expertise - fighting]

Page 21

expertise 48:8 60:23 61:13,20 68:18 73:16,19,21 80:9,14 277:16,22 278:16,19,23 expiration 348:19 349:25 350:25 expires 346:15 explain 30:1 64:14 238:13 241:7 282:15 324:5,12 explaining 36:14 39:1 explains 106:21 explanation 239:8 324:4 334:14 explanatory 292:16 explorers 51:4 54:22 extensive 64:13 282:14 extent 69:15 98:22 165:11 280:8 281:9 external 245:7 extra 76:9 200:19 313:19,19 extremely 327:4 eye 278:8	facts 105:25 218:21 fail 45:16 fair 30:25 31:1 32:1,21 35:11 47:21 54:22 74:23 94:9 96:25 104:20 113:20 160:16 167:23 195:18,19 248:20 299:4 322:1 337:25 339:5 fall 89:10,13 144:17 261:25 302:14 falling 147:20 falls 144:13 217:23 304:11 309:24 familiar 30:25 64:23 162:14 164:17 223:22 278:5 280:11 306:6 familiarity 66:10 299:6 families 35:1,2 37:8 38:3,13,14,22 39:16 42:1 48:23 49:11 83:24 103:23,24 104:1 104:25 132:19 177:1,4 181:24 216:6 217:25 269:21 340:13 family 35:3 36:13 36:20 49:2 53:8 83:22 92:3 99:9 102:15,21,22 103:4,12,18 104:6 107:2 117:5,12	142:21 152:14 181:20 182:1 192:23 195:3 197:6 214:13,21 214:23 215:20 216:12 217:22 218:4 220:1 271:8 272:5 299:23 305:4 326:1 328:4 328:14 335:9 336:18 337:20 339:23 340:5 family's 53:10 far 21:16 30:23 88:19 114:6 115:11 195:10 257:3 298:12 340:8 fashioned 140:12 fatal 179:10 father 176:10 220:16 221:8 327:12 father's 221:13 fax 164:4,7 fda 108:24 278:20 february 220:2 237:6 242:2 258:25 federal 15:1 165:22 feed 181:15 feel 79:1 334:12 feeling 310:11 feels 216:2 feifei 2:14 felt 124:17 female 215:7 females 320:8,11 fentanyl 54:5,5 60:19,20 61:5	62:3,7,12,12,23 71:6 78:6,6 109:11,14,17,22 110:2,18,20,22 111:13 112:5,7,9 112:10,20,25 113:3 115:10 171:22 172:1 174:16,23 175:2,7 175:12,14 176:3,6 177:14,16 178:4,5 178:20 179:13,15 179:22 180:24,24 198:6 199:14 211:1,2 218:23 219:14,23 224:17 228:16 234:11,25 234:25 235:17,18 242:20 246:10,11 246:18 286:18 287:4,6,7,14,22 317:16,18 318:8 318:22 319:7 324:19,22 325:3,6 326:14,20 327:1 327:20 330:14,19 fewer 298:4 fewest 116:19 field 31:18 65:8 70:21 71:2 73:25 108:13 109:6 142:17 146:2 154:25 157:8,11 190:5,20 237:4 299:12 fielded 146:11 fieldwork 213:19 fifteenth 3:19 fight 180:7 fighting 340:16
f			
f 4:4 face 256:5 305:10 facilities 268:25 facility 147:2,6,10 153:11 262:24 304:11 fact 76:1 84:23 96:11 100:6 105:5 168:6,7 340:19			

figueroa 3:6	252:20,22 267:15	firm 83:24,25	fluids 192:5
figure 110:14	268:8,10 277:8	first 15:2 20:7,12	focus 43:25 54:15
195:24 246:20,23	300:23 315:20	24:7 29:17 32:3	54:24 77:20 121:2
287:24	316:7,9 317:4,11	32:15 36:23 43:19	277:15
figures 318:1	339:19,21	45:22 47:3 95:15	focused 26:17 55:9
file 30:7,14,16	finalized 316:12	112:14,14 116:10	55:13 115:3,5
38:20 39:9 63:20	finalizing 157:19	118:13,23 119:3	focusing 32:14
83:1 94:17 96:10	finally 212:22	124:2,13 125:5,9	folks 139:13 207:4
102:5 103:1,5,13	215:13	126:11 130:21	216:12 254:21
149:11 150:17	finance 3:17 14:22	131:1,6 136:10	299:11
153:12 223:19	find 68:25 69:13	139:3 147:11	follow 18:13,19
233:13 243:14	70:1,22 71:23	154:4 165:5 174:6	24:18 39:22 50:14
263:16,18,21	91:12,17 92:7,11	182:7 183:18,20	79:16 82:7 90:17
265:8 267:14	92:19 110:9,10	187:21 189:15,16	90:20 94:22 95:22
281:24 291:9	113:21 142:23	190:13,14 193:22	96:23 97:8 99:8,9
294:8,10,12	163:1,2,6 196:19	194:1 202:6	113:7 123:6 136:7
300:24,25 301:3	196:23 231:22	206:10,18 207:2	165:17 170:11
301:17,22,25	234:10 247:15	217:21,22 218:22	192:7 238:1
303:10,24 304:15	272:7 290:16	229:17 230:5	261:10 270:9,20
306:17 332:17	292:9 293:11	236:14 242:1	271:7 277:9 292:1
338:4,7 339:8,15	300:21 301:8	243:6 252:14	298:17 305:7,23
340:2	302:2,5 304:16	255:14 298:14	306:2 340:4,13
filed 24:9 41:23	306:17 308:25	314:16 315:24	342:18
files 30:18,22	325:2,3 347:11	339:11 345:9	followed 121:11
84:17 101:3	finding 96:11 97:1	firsthand 235:21	following 42:5
119:15 263:20,25	126:17 231:12	five 17:9 25:12	94:3 96:10
264:9,13,18 265:2	299:11 303:6	42:24 45:15 46:4	follows 15:4
265:9 275:24	336:12	88:8,9 123:1	252:14
303:14,17	fine 74:12 121:6	133:6 137:16,18	football 195:8
fill 30:4 152:1	164:3	138:1 152:15	force 205:11
241:5 263:9,13	finish 16:19,22	191:4 199:8 235:9	206:14
279:6	19:4 21:19 43:21	265:14 283:14	forces 49:24
filled 101:10 152:3	58:15 61:16 84:14	341:23	foregoing 345:15
157:17 185:9	finished 64:8	fix 226:10 333:2	345:19 348:13
263:8 279:7	107:17 228:9	flagged 78:25	349:18
291:15 296:21,24	314:19	flipping 225:4	foreign 62:1
filling 162:4	fire 132:3,16	floor 3:5 4:4	forensic 34:12
film 33:18,19	147:11 158:18	florida 309:5	41:5 47:4 50:6,10
final 30:9,10 38:24	178:23 239:17	flow 254:25 255:4	73:4 74:10 105:16
83:7 161:15	250:1	255:7,10 256:8,16	120:19 122:7,14
173:23 186:4		256:18,24 257:2,8	130:1 137:13

[forensic - gary]

Page 23

142:3 164:23 194:8 204:4 211:24 243:18 266:6 270:2 275:3 275:16,23 313:24 forensics 52:1 forget 50:22 form 31:8 35:10 36:24 39:13 54:9 62:6 63:21 66:24 67:8 68:11 69:7 69:17 72:5 75:25 78:8 80:19 82:17 84:2 86:17 89:8 90:1 91:20 93:20 94:18 96:5 99:11 101:6,25 102:9 103:6,22 104:13 104:16,21 105:22 107:11 109:20 110:6 111:8 112:13 113:12,24 114:13 115:15,22 116:6 146:21 152:1 153:2 160:18 161:18 167:20 172:20 178:6 181:5 183:7 184:13,25 186:3 188:17 189:3 190:10 193:15,25 194:14,25 198:15 200:6 203:17 205:16 215:2 217:17 224:21 228:19,23 232:7 239:10 240:7,24 243:15 253:1 254:5 263:12 264:10,15,24 265:3,22 267:8,13	267:25 271:15 272:18 274:19 275:25 276:25 277:13 280:5,13 280:20 281:6 286:2,6 287:17 288:1,22 289:25 290:3,10,14 291:3 291:14,14 292:12 292:22 293:24 294:3,5,8,17 297:7 299:17 300:20 301:13,18 304:2 304:24 305:12 306:15 311:4,21 313:17 316:8 317:21 318:23 319:16 321:4,17 322:6 324:10,24 327:8,24 329:5 330:17,22 338:5 339:16 340:3 formal 32:4,16 42:12 72:16 133:12 308:18 342:24 format 173:8 206:8 277:9 formed 105:20 106:12 107:7 forms 23:22 275:16,18,18 290:12,17,20 291:1,22 292:14 292:23 293:11 294:6,13 296:3 301:8 forth 152:4 160:9 213:4 214:10 231:17 241:4 251:9 279:8	296:21 forthcoming 105:1 336:19 forward 36:16 58:18 193:11 200:16 333:1 347:15 forwarded 242:4 found 69:19 95:8 98:19 163:4 177:13 184:22 219:19 223:8 242:23 243:17 291:16 294:14 323:20 324:1 331:14 foundation 230:14 230:16 four 25:12 41:12 42:19,24 43:21 45:13,14 123:1,5 124:1 128:1,2,5 133:6 136:3 173:19 185:15 191:4 258:3 265:14 268:12 270:20 284:2 295:22 fourth 131:7 171:24 frame 54:3 78:1 81:14 88:7 121:24 321:16 325:9 francisco 3:15 frederick 2:18 free 348:14 349:20 frequency 69:4 frequently 68:21 259:7 friday 138:20,21 138:22 141:16	270:16 friend 281:19 friendly 156:17 friends 192:24 226:2 305:5 335:9 339:24 front 3:15 18:14 118:22 193:1 212:22 236:13 326:23 frustration 224:23 frye 223:8,16,23 223:25 224:15 full 119:13 129:6 138:17 264:16 292:25 297:3 fully 124:9 212:14 313:12,21 314:1 fulton 15:23 function 31:5 55:2 89:10 129:15 157:1,4 342:8 funds 205:5 further 72:17,20 72:21 283:8 333:11 342:12 343:18,20 345:18 346:1
g			
g 252:6 gary 1:14 6:7 7:8 7:12 13:4 14:25 15:5,14 83:14 135:6 168:20 188:2 201:22 206:12 261:4 270:23 283:20,22 289:23 319:12 322:1,14 333:11 342:14,16 345:9 347:8 348:4,9			

[gary - going]

Page 24

349:4,13 350:20 gather 73:10,12 160:8,9 271:25 gathering 196:15 gears 58:19 116:17 147:25 167:17 general 29:3 108:25 144:12 167:17 181:2 231:19 260:4 290:2 303:22 306:6 319:22 generalization 110:15 generalizations 123:15 generally 23:3 52:6 64:23 65:11 110:16 217:12,16 218:15 280:10 298:10 generate 63:8 238:6 gentleman 133:4 148:1 206:14 227:10 236:20 238:8 241:14 george 334:9 gestures 16:12 getting 38:3,6,13 43:1,11 62:21 73:11 90:9,16 96:11 99:12 105:15 106:14 109:12 115:8 122:25 125:22 126:12,20 129:4 173:21 178:20 181:13,18 191:16 191:18 244:23	245:16 246:6 249:1 268:4 269:9 303:6 309:14 319:18,25 332:22 333:3 336:13 340:8,12 gianna 3:9 14:2 giannac 3:12 gillespie 120:23 154:17 157:12 275:8 306:24 308:5,14 girlfriend 281:19 327:12 girls 173:15 give 33:2 45:17 46:10 50:7,8 55:1 55:3,17 92:25,25 95:19 98:17 103:25 104:8 110:7 118:12,14 119:25 129:8 130:13 131:4 153:22 197:9 226:3 247:16 263:1 266:17 273:14 291:4,10 306:2 320:6,10 325:12 326:3 344:1,10 given 34:17 50:4,9 51:10 55:9,12,22 98:10 160:15 168:7 177:15 205:1 272:10 273:13 305:15 345:12,16 gives 72:18 155:9 170:12 242:21 291:5 303:2 311:5	giving 53:23 272:12 289:23 glass 206:15 glitches 240:20 gloves 191:20,23 go 16:6 19:7 22:21 29:1 30:6 33:9 34:24 35:25 37:3 39:23 46:16 50:7 52:4 58:4 64:7 67:12 70:15 75:7 79:5 82:18 92:3 113:25 117:19 124:18 126:25 127:19 130:25 131:5,6,8,9,13 133:5,13 134:1,16 135:24 141:2,18 141:22 142:17 143:20 144:11 145:8,12 146:12 147:8,18,21 148:1 150:17,20 151:17 151:24 152:15 157:19,21 160:7 161:9 163:1 166:22 168:15 169:23 171:8 182:11 185:10 186:11 190:23 195:10,13 198:18 205:5,8,9 209:8 213:1 214:10,11 215:6,23 216:4 224:10 228:8 231:10 236:13 237:20 241:8 242:12 246:3,23 247:14 255:14 265:9 272:3 275:19 279:5	281:21 282:11 284:4 291:12 294:3 297:11 298:15 303:2 304:7,13,23 310:12 311:9,16 314:22 324:14 325:17 331:12 336:9 341:20 goal 43:21 312:20 334:11 god 49:9 159:9 goes 70:14,25 131:3 138:15 139:2 183:19 218:6 267:5 269:17 273:9 292:3 294:8 301:2 301:7 309:8 going 18:12 21:17 23:1 28:6 36:15 37:6 43:11 44:3 49:7 51:7 57:10 58:18 65:1 70:6 78:15,18 91:3 108:19 111:18 113:14,16 118:11 118:12,13,14,15 119:2 120:12 121:5 123:14 129:10 130:17 134:12,16 141:3,3 145:18 167:11 168:16 169:23 174:7 181:15 192:25 195:17 207:6 216:5 218:3 224:10 227:7,15 227:16,24 230:13 235:25 236:8 239:13 241:12
--	--	---	--

[going - head]

Page 25

244:2 246:22 249:4,6,10 250:7,8 250:19 251:8,21 257:16 260:20 261:9 265:10 271:12 274:22 275:20 284:1 292:8 300:21 305:17 308:25 311:18 312:7 314:9,18 316:2 322:24 325:13 331:6 332:25 336:12 340:7 341:1 good 15:7,8 27:10 58:13 78:20 79:2 79:15 90:12 91:9 117:19 128:5,12 173:21 197:19 226:8 229:23 234:8 238:13 261:6 270:22 309:13 315:15 gotten 170:12 180:15 274:7 308:7 310:17 313:4 governing 81:11 government 108:23 165:22 grain 305:16 grandmother 224:3,6 grant 4:5 graphic 206:14 214:12 220:13,18 220:21 221:3 227:8 graphics 233:13	gravitating 328:7 gray 2:14 great 130:19 306:16 greater 161:3 211:12 grew 44:8 ground 16:6 114:4 group 23:12 51:6 55:18 56:8,20 86:20 108:23 122:7 205:13 236:16 320:6,7 332:4 groups 49:22 50:5 50:13,19,21 51:12 54:25 56:15 207:4 guardians 210:15 guenther 1:14 6:7 7:7,8,12 13:4 14:25 15:5,14 83:14 118:20 135:6 168:20,21 169:12 186:20 188:2 201:23 206:12,17 228:7 233:16 258:22 260:8 261:4,6 283:20,23 333:11 333:13 342:14 345:9 347:8 348:4 348:9 349:4,13 350:20 guess 28:9,11,20 180:25 183:24 guessing 288:9,9 guide 170:19 252:21 guideline 165:18 guidelines 145:25 164:22	guides 31:24 guns 255:12,12 256:9 guy 307:1,3,19 guys 29:19 61:4 171:21 193:3 240:22 h h 2:9,9 120:20 236:16 habits 79:19 hair 227:15 halas 120:19 half 20:13 21:4,6 78:19 127:18 187:24 230:8 237:13 252:14,18 317:24 halfway 252:4 hand 36:2,2 103:25 119:9 120:12 222:19 250:19 259:1 260:21 263:8,10 273:2,2 289:18 295:13 346:5 handbook 8:7,9 31:14,15 32:5,6,9 40:22 258:15,23 259:5,13,16,21 260:5,12 266:9 handbooks 31:3 handed 206:17 297:10 handful 182:15 handle 144:5 199:13 318:20 320:15 321:2 332:23 340:7 handled 87:20 132:9 141:25	149:6 247:10 321:10 handles 266:7 291:7 handling 191:20 192:1 198:18 321:14 hands 270:2 handwritten 154:5 267:19 hangs 197:8 happen 45:16 97:9 132:5 happened 36:22 38:2 95:18 144:7 176:13,16 196:17 204:1 happening 163:19 happens 30:24 214:4 246:8 273:3 273:4 happy 134:12 hard 21:19 58:15 115:18 126:12,15 129:4 132:18,19 134:7 266:9 268:1 271:19 harder 16:13 62:21 65:20 66:20 67:7 harm 236:17 harper 80:24 81:1 81:6,7,10,15,20 82:10 84:5,17,22 85:5,13,22 88:17 89:4 harper's 83:19,19 hbc 4:2 14:18 he'll 145:20 274:8 head 51:16 58:7 218:5 320:8
--	---	--	--

329:21,24 headed 21:18 heading 234:3 253:12 headline 187:4,7 health 3:3 4:7 14:10 60:1 108:4 178:8 192:15 209:7 239:21 320:20 335:18 hear 103:17 104:6 181:7 188:5 225:24 heard 13:6 61:8,18 61:23 62:4,10 65:23 66:1 80:17 162:9 182:1 193:22 245:24 hearing 61:11 66:20 67:4 315:15 hearings 26:12 held 268:16 helmick 3:9 14:2,3 help 28:8,8 48:21 48:23,23 49:11 171:17 207:22 340:11 helped 271:25 helping 56:2 hereinafter 15:3 hereunto 346:4 hermitz 347:5 hermiz 2:4 6:12 13:13,13 31:8 35:10 36:24 39:13 54:9 62:6 63:21 66:24 67:8 68:11 69:7,17 72:5 75:25 78:8 80:19 82:17 86:17 89:8 90:1 91:20 93:20	94:18 96:5 99:11 101:6,25 102:9 103:6,22 104:13 104:16,21 105:22 107:11 110:6 111:8 112:13 113:12,24 114:13 114:19 115:15,22 116:6,14 118:23 146:21 153:2 160:18 161:1,18 167:20 168:2 172:20 178:6 181:5 183:7 184:13,25 185:5 186:3 188:17 189:3 190:10 193:15,25 194:14 194:25 198:15 200:6 201:4,11,17 203:17 205:16,19 215:2 217:17 224:21 228:19 230:13,18 232:7 239:10 240:7,12 240:17,24 243:15 253:1 254:5 264:10,15,24 265:3,22 267:25 271:15 272:18 274:19 275:25 276:25 277:13 280:5,13,20 281:6 283:9,13 286:2,6 287:17 288:1,22 294:17 297:7 299:17 300:20 301:13,18 304:2 304:24 305:12 306:13,15 311:21 313:17 316:8	317:21 318:23 319:16 321:4,17 322:6 324:10,24 327:8,24 329:5 330:17,22 338:5 339:16 340:3 342:15 343:17 heroin 54:5 60:19 61:5 62:2,7,12,22 71:4 78:6 109:7 109:11 111:19,20 111:24 112:2,7 115:4,10 172:1 174:15,23 175:2,6 175:11,14 176:2,6 176:11 177:5,7,14 177:16 178:4,20 179:12,23 180:24 182:14,16 191:7 198:6 210:23,25 223:9 224:7,16 234:7,9,11 235:1 242:8 246:7,9,9,10 246:15,16,16,21 246:24 247:2 285:11,24 286:16 286:24 287:1 288:15 317:16,18 318:8,21 319:7 329:14 330:11 340:17,19 hey 40:12 56:24 75:6,9 79:2 82:4 83:13 93:2 94:5 95:2,16 97:9 98:15 141:2 145:19 164:2,5 165:9 191:19 202:24 214:4 227:3 231:11 253:9 269:6	270:23 272:7,25 273:5,7 298:21 high 33:20 43:15 43:16,18 50:9,17 51:7,23 52:8 54:15 72:18 98:4 111:6 113:15,18 170:9 186:7 195:8 266:7 327:15,16 327:21 higher 178:14 highlighters 75:17 hindsight 115:19 hire 83:24 123:2 125:14 128:11 hired 32:25 33:1 125:5 127:25 313:9,23 hires 125:25 129:22 266:17 hiring 126:14 262:6,10 histology 269:20 history 64:14 95:20 98:17 196:4 219:8,9 252:9,11 276:20 281:23 282:15 290:24 300:5 302:15,20 335:5 337:3 hit 93:13 114:3 115:18 156:15 246:19 310:24 317:23 324:15 hitting 112:17 143:10 hold 47:16 holding 249:2 hole 97:10 home 125:23 169:20,21,21
--	--	---	--

173:10 262:24 315:19,21 326:22 homes 34:25 homicide 25:15 26:2 33:20 35:16 36:19 83:10,15 145:12 157:18,20 157:21 264:1 326:6 homicides 142:6 213:2 honest 59:4 honor 140:7 hopefully 16:7 309:5 hospital 92:4 97:5 110:4 130:24 131:20 145:17 147:6 158:18 163:8 217:23,24 218:1 220:6 262:16,20 hospitals 34:25 93:7 164:10 250:1 262:15 270:11 298:22 hour 17:14 20:12 21:6 45:13 46:17 47:3 57:18 78:19 135:23 136:16,24 137:6,18,20 139:11,15 238:9 238:14 hourly 135:19 hours 21:4,7 43:22 45:6 46:3 77:6,9 77:25 78:5 136:5 136:8,9 145:6 146:10 173:19,21 185:15 267:2 270:10 271:6	284:2 341:24 house 26:15 154:14 199:13 210:1 215:9,10 281:19 309:8 hr 26:25 216:13 261:15 262:1 hudson 120:22 huge 64:15 109:9 112:7 189:18 huh 310:25 huhs 16:12 human 27:2 189:8 261:19 hundred 75:16 85:24 87:16 142:1 183:8 204:24 238:24 293:4 hurt 195:4 hydrochloride 230:2,3 hydrocodone 286:1,8,22 300:17 hyperlink 211:14 hypothetical 98:23 i idea 76:12 86:18 129:8 171:19 205:17 228:22 297:15 308:12 330:5 identification 118:6 168:24 186:18 202:1 206:1 229:5 233:9 236:5 241:22 244:8 248:2 250:17 254:13 258:19 259:25 289:9,16 295:5,11	333:19 identified 62:14 71:25 85:7 190:8 190:18 207:7 235:2 247:19 273:22 298:20 identify 50:13 62:4 71:2 90:3 189:16 190:15,21 200:3 201:1,7,13 230:6 231:24 274:12 289:21 295:15 331:5,21 identifying 61:20 70:2,21 100:23 227:19 332:15 identity 69:5,11 ids 281:20 illegal 110:20 111:5 150:12 191:10 198:2,6,14 224:16 232:5 287:2,6 326:8,11 326:14,20 328:23 329:9 330:15 331:5 illegally 288:21 289:3 300:9 301:12 303:7 328:24 329:10 330:12,16,19 illicit 68:16,20 72:10 78:15 102:7 102:8 105:19 107:13 109:18 110:19 112:5 182:19 199:20 221:14 326:11 328:22 338:12 illiterate 207:23	illness 306:12 illustrate 225:10 imagine 276:17 immediate 117:5 194:3 197:6 immediately 146:12 impact 164:23 214:25 215:4 278:16 impairment 17:25 implemented 249:3 important 108:11 334:12,15 impossible 152:19 improperly 101:9 101:14 improve 334:17 improved 127:16 158:9 inadvertently 16:22 incarceration 338:16 incentive 46:7 incident 226:22 incidents 321:24 incline 318:11 include 96:13 119:13 176:22 181:3 210:12 249:17 280:3 328:23 included 26:13 38:23 54:14 83:8 87:23 175:2,11 252:22 339:7 347:13 includes 198:1 233:17 254:20
--	--	--	--

[includes - intern]

Page 28

259:6 329:12 including 122:15 122:21 181:6 306:21 334:22 inconclusive 161:14 incorporated 349:12 increase 60:18 61:21 62:1,12 76:21 77:25 78:5 112:7 115:2,14 152:24 200:23 217:1 increased 76:24 77:6,10 175:1,10 200:3 201:9,15 increases 60:22,24 78:1 109:9 198:13 200:8 increasing 335:15 337:9 incurred 201:2,8 201:14 independent 19:11 61:13,19 independently 19:25 57:23 65:22 95:4 128:14 341:3 index 6:1,4,5 7:1 8:1 9:1 10:1 11:1 12:1 indiana 162:23 indicate 301:20 302:2 318:8 indicated 27:16 55:8 122:5 123:8 157:6 168:11 170:4 218:18 219:13,21 242:12 256:9 301:22,25	315:18 321:1 indicates 234:5 292:10 301:9 indicating 347:13 indication 303:3 indicator 71:17 72:13 indirectly 180:9 individual 80:7,8 85:9 102:6 184:12 195:18 196:12 207:18 208:9 293:12 299:24 301:10 304:3,5 306:3 individual's 85:20 133:25 individually 216:10 individuals 82:1,6 120:24 178:15 182:2 210:20 282:23 327:17 infant 25:15 influx 234:20 info 242:6 272:6 informant 42:22 informants 42:19 information 8:7,9 23:16 30:8 31:15 32:9 38:7 39:20 40:22 65:21 66:21 73:10,13 99:25 101:22 103:3 106:25 146:7 157:21 160:8,9 171:24 172:18 178:18 180:3,13 181:17 192:21 194:7,9 195:1,24 196:10,15 197:10	203:1 209:17 221:11,22 226:11 230:9 231:18 237:1 241:2,10 245:4 247:15 258:15,23 259:5 259:21 260:4,12 263:2 266:12 271:9,25 279:16 280:3 292:15,17 295:18 297:3,13 299:15,20,22 306:1 309:3 310:14 316:6 323:9 326:16,25 329:2 332:16,20 334:12,20 336:10 338:3 339:6,14,22 340:2 informational 31:3 inhaled 185:23 initial 30:4 71:17 267:15 initiate 166:19 injury 106:20 117:16 195:8 196:13 inpatient 97:5 input 173:2 249:21 inquiries 65:7 84:22 108:13 247:3,9 319:25 320:2,14,17,18 321:14,15,19 inquiry 157:7 320:20 inside 150:2 insight 245:5	inspect 292:8 instance 36:20,23 40:15,18 141:9 instances 25:14 34:4 36:10 37:15 300:2,7 326:4 341:2 instructed 185:14 335:24 instruction 27:19 121:11 344:1,10 instructs 19:7 insurance 50:21 54:19 55:7,21 56:7,15 92:21 206:24 207:4 interact 35:4 38:11 96:9 154:11 259:10 262:2 341:10,18 342:5 interacted 39:9 100:6 interaction 95:25 96:10 98:24 166:6 326:19 interactions 35:8 35:15 37:18 100:1 166:15 196:22 interchangeably 285:4 288:14 interest 119:11 236:9 260:20 322:2 interested 44:1 51:7 119:20 288:9 289:25 320:13 346:3 interface 209:3 intern 233:25 266:23
---	--	---	--

internal 151:16	195:22 196:11	141:21,24 142:3	145:1,10 146:13
internet 158:20	204:4 252:21,23	142:10,10,13,16	147:8 154:25
179:16 273:25	253:19 266:8,20	142:21,23 143:18	156:25 157:9
326:21	267:8,13,23	143:22,25 145:3,4	160:10 164:25
interns 266:16,18	268:11,17 269:12	146:24 147:12,17	166:12 167:6
266:19	277:8 280:23	149:10,16 153:23	191:19 192:18
internship 267:3	281:14 293:25	154:12 160:7	203:21 211:19
interpret 337:16	294:1 298:8	164:23 165:8	212:19 214:4
interrupt 33:11	300:22,23 306:7	183:23 188:3	215:21 249:20
77:16 79:2 133:3	321:6 325:18	190:6 203:20	259:10 263:9
interview 95:5	334:13 339:18,19	206:12 212:10,11	267:16 270:8,15
129:11 262:9	341:23	214:19 217:19	270:17,22 271:1,2
interviewed 95:7	investigations	218:18 247:11,11	272:2 277:5 282:1
interviewing	31:22 45:8 52:1	247:23 248:5	290:13 296:12
339:23	141:19 194:8	250:13,23 253:21	298:9,18 304:6
interviews 35:24	213:17 230:24	266:14 267:4	306:7 310:13
36:7,8,11 262:7	235:22 265:24	268:6,10 270:19	333:24 334:11,18
271:2 305:3	272:2 298:4 306:5	290:12,25,25	335:24 341:13
intoxication	324:23 340:11	291:7,15 292:3,24	342:6
182:23	investigative	294:14 297:22	invitation 119:8
intrude 116:19	30:13 32:5 38:19	298:4,24 299:5,7	involve 65:14,15
inventory 152:25	39:25 40:3 90:18	304:12 305:4	involved 26:24
254:25 255:20	94:16 101:3	307:7,7 320:23	27:3 49:4 81:22
291:4	123:11 165:15	321:9,11,12	84:17 85:13 86:10
invest 44:18	276:24 277:11	325:24 334:3	97:6 205:11 243:1
investigate 223:16	300:25 301:2	338:1,2 341:12	271:19 292:7
investigated 53:19	342:1	investigator's 32:8	297:6 307:16
90:5 174:10,20	investigator 7:23	153:13 161:14	338:17,18
176:20 216:18,20	8:3 15:16 25:16	267:23 269:15	involvement 49:18
investigating	30:3,5,7 31:2,11	276:19 294:23	75:14
22:16 84:5 91:16	33:8 34:12,23	298:13	irrelevant 196:16
103:9,11 105:18	35:17 41:6,8,10,11	investigators	issue 88:7 125:24
investigation	41:14,15 50:6	31:19 33:7 34:18	132:7 200:12
29:14,19,23 30:9	52:21 67:12 73:5	34:18,20 44:22	211:17 244:20
31:22 46:17 73:25	76:22 95:12	75:5 82:2 93:4	245:6,11,21
74:10 82:24 83:7	105:17 120:19	94:12 97:8 122:7	issued 258:25
84:24 87:15 95:9	121:17 122:6	122:14,20 123:1,5	issues 52:9 77:13
99:5 125:19	125:7,7 129:9	123:25 128:16	86:9,11 127:15
147:19 154:23	130:21,23 131:1	132:2 135:20	132:3 245:7 253:6
162:20 184:22	131:18 133:14,17	136:11,12 137:14	319:24 335:25
190:20 194:11	135:22 137:9	138:2,14,19 143:6	

[item - know]

Page 30

item 72:2 253:17 items 74:19 75:10	judge 1:8 judgment 89:11 89:24 341:7 judgments 96:3 july 54:6 112:18 189:14 221:7 234:22 314:3 jump 198:20 325:13 jumps 339:4 june 211:12 jurisdiction 144:9 144:14 146:16 147:1,20 179:10 213:20 263:3 304:12 justice 282:23 justify 91:8	keys 326:3 kid 224:24 kidding 135:12 kidneys 335:18 kids 51:7 220:16 kilo 171:22 kin 36:5 38:16 39:10,15,19 83:22 84:3 92:9 148:9 215:22 217:13 268:20 kind 16:13 17:18 19:3 23:15,21 31:18 35:2,19,23 35:25 36:2,3 50:8 51:1 52:2,11 62:1 62:23 65:15 77:20 92:9,12,17 93:8 95:25 96:1 103:3 111:15 115:6,9 122:1 126:1 130:22 132:9 138:15 143:10 148:8 152:17 154:14 170:9 177:1 190:15 193:12 194:3,9 198:23 203:23 207:21 208:4,12 208:25 212:8 222:25 224:17 231:22 277:7,8 282:20 285:4 300:11 305:7 306:11 328:13 331:3 336:25 kinds 42:11 182:4 292:25 320:18 kirkland 3:18 14:21	kirkland.com 3:21 kit 71:17 kits 71:12 192:15 knew 104:6 183:16 190:8 191:14 knocking 215:23 know 16:23 17:4,6 17:8,14 18:18 20:19 22:2,13 24:16 26:14 27:25 28:7,17 29:4 33:8 33:18,18 34:23 35:18,21,22 36:1 37:5,5,7,21,25 38:2,4,8,10,12,22 39:14,16,17,20 41:16,24,25 42:3 42:18,22,23,24 43:19 45:8,9,10 46:2 48:25 49:6,8 49:10 50:5,8 51:8 51:17 53:5,24,25 54:11 55:4 56:20 56:22,25 57:1,16 58:3,14,18,20,23 59:5,6 61:2,3,4 62:16,19,22 64:9 64:10,12,12,13,15 64:16,17,18,19,25 65:2,3,25 66:16 67:14,19,20,21 68:22 69:15,23,24 70:5,8,15,16,17,22 71:11,13,21,21,25 72:8,10,22 74:17 74:17,18,19 75:5 75:16 76:2,3,5,8,8 76:9,10,11,25 77:5 77:13 79:22 80:22 81:4,17,20,23,25
j	k		
j&j 14:6 jackson 5:3,6 13:23 jacksonkelly.com 5:5,9 james 4:4 14:17 jane 164:6 janssen 4:11 14:6 january 237:22 242:5 311:8,16 314:17 316:21 334:7 jean 120:22 jeopardize 37:6 jeter 30:22 265:7 jewelry 181:22 jim 5:11 job 16:17 22:9,25 23:4 27:10 38:6 39:14 47:7,8 50:6 58:13 66:22 89:10 89:19 90:12,18 125:12,15,25 126:2 127:3 132:20 215:21 216:11,14 217:11 218:14 247:20 288:6 jobs 89:14 joe 305:24 john 2:9 105:4 johnson 4:11,11 join 42:16 276:13 jones 2:8 13:18,21 jonesday.com 2:11,12 journal 24:12 107:20 239:23	k 5:7 kearse 2:3 13:11 13:11 18:6 168:5 169:3 228:11 295:20,25 308:7 308:12,18,24 333:5 keep 30:22 115:8 134:12 140:14 179:1 209:9 267:13 307:17 308:19 keeping 151:22 keeps 118:16 178:8 kelly 5:3,6 13:23 kenmore 176:16 kent 234:1 kentucky 162:24 kept 247:14 264:2 key 149:13,14,15		

[know - kohler]

Page 31

82:1,3,5,7,8,9,21	155:11 156:19	224:9,14,23,24,25	310:16,20 312:6,7
82:22 83:12,14,23	157:4,20 158:5,7	225:25 226:4,6,15	313:18 316:9
83:24 84:2,23,23	158:16 160:1,8,19	226:16,17,19	318:10,19 319:3
84:25 85:12,18	163:1,2,3,5,14	227:5 231:3,7,10	319:22 320:5,10
86:4,9,22 87:2,11	164:2,5,10 165:4,9	231:22 233:21,25	321:9,13,21,25
87:14,19,25 88:6,7	166:3,22 167:22	236:20,23 237:24	323:8,9 324:12,12
89:1 90:8,9,10,24	170:7 171:19,22	239:23 241:1,5,5,9	325:2,5,7 326:2,5
91:1,2,2,7,8,9 92:4	172:7,13 173:11	243:16,17 244:24	326:18 327:13,14
92:23,24 93:2,4,5	173:13,19,20,24	244:25 246:12,17	328:1,12,15,19
94:1 95:3,10,13,18	176:1,5,25 177:1	246:20,22,22	329:3 332:18
95:19,20 96:15,18	178:15 181:1,2,7,8	247:13 249:4,25	336:13,17,18,20
96:20,21,22 97:8,9	181:9,11,13,13,21	250:1 256:4	337:5,6,6 339:22
97:10 98:1,11,15	182:13,15,24,25	257:15 259:8	340:7,8,9,21,24
98:16,18,19,20	183:5,13,23	261:21,24 262:4,8	341:21 342:17
99:8 100:5,9,11,16	184:10,15 185:14	262:18 264:1,2,7	knowledge 24:3
100:21 101:16	186:6,7,8,10	264:17,21 265:16	67:5 74:15,16
102:2 103:23	189:20,23 190:11	266:5,11,11,16	77:3,10 78:4 80:2
104:1,1,3,5,8	190:22 191:3,14	267:13,14 268:3,6	81:14 100:8
106:16,17,18	191:15,16 192:19	268:7,11,17 269:1	101:22 130:3
108:7,8 109:11,21	192:20,21,22,25	269:3,4,5,7,20	151:10 166:13,14
109:23,25 110:7,9	192:25 194:21	270:16,22 271:13	167:5 259:15
110:11 113:14	195:4,4,7,14	271:22 272:1,4,5	260:13 277:12,14
114:24 115:2,3,4,7	196:16,20,22	272:24 273:3	277:25 281:9
119:14,22 120:6	197:3,4,7,7,10	275:1,18,19,22	282:11 299:11
122:23 123:16,22	198:19,20 199:12	276:2,10 277:2,4	319:14 327:10
123:23 124:1	199:16 200:9,10	278:7,9 279:8	known 76:23
125:5,6,10,13,15	200:20,22 202:24	280:7,15 281:7,8	79:21 181:19
125:21 127:7	203:1,15,18,19,21	282:2,10,11,17,20	215:12 240:25
128:15,17 129:16	203:22 204:8,22	283:1,2,3,4,5	282:23 319:14
130:17,21 131:3,5	204:25 205:6,9,12	284:2 285:7,11,14	331:17
131:20,24 132:10	205:13,14 206:19	285:15,20 286:3,5	knows 197:3
132:12,21 133:18	207:6 208:21	286:8,25 287:18	231:14
133:20,22 135:12	209:10,12 210:14	288:4,19 289:22	kohler 7:12 19:18
135:14 136:1,2	210:20,24 211:23	293:4,17 296:6,9	19:22 27:9 40:4,5
137:17 140:15	212:18,19 213:3,3	296:19 297:12	40:16 45:9 58:8
141:2,24,25 142:5	213:8 214:16	298:2,17,20	63:11 73:9 75:2
143:21 145:9	215:10,13,16,18	299:22,25 303:15	85:6 91:6 94:5
148:8 149:8 150:4	215:19 216:2,4,6	304:10 305:13,16	98:9 107:14 132:9
150:22 151:13	217:7,18,20 218:4	305:24 306:1	141:2,7,9 144:11
152:2,4,7,14,17	219:6,15 222:17	307:12 308:2,11	157:10 160:13
153:6,13 154:13	222:24 223:2	308:14,16 309:23	161:2,16 165:5

192:13 201:22 202:12,16,22 204:22 205:4,10 207:16 211:6 212:18,22 214:15 219:22 221:3 222:9 223:13 233:18 234:6,8,17 235:7,13 243:24 244:11,19 253:4,4 253:6 262:4 268:9 269:15,18 284:8 284:25 296:11 307:10 312:2 322:19 323:5 324:13 333:22 334:4 kohler's 57:24 58:1 235:15 krier 261:22 kristen 2:4 13:13 347:5 kristenmhermiz 2:6 kronos 139:16 140:5,21 158:25	labels 60:7 279:3,6 280:2,6 291:17 labs 55:3 190:2 199:17 231:15 270:2 lacking 313:16 lady 216:20 laid 224:13 252:25 laidley 5:4 lane 77:20 language 173:9 lapse 46:5 large 23:11 95:2 97:19 99:6 113:2 114:10 188:2 200:8 larger 212:15,16 lasted 20:11 21:3 late 28:3 67:18 183:24 law 25:8 35:4 36:1 36:23 37:12,17,18 38:9,11 43:3 51:8 61:8,18,24 62:4,11 65:24,25 66:14 70:5,12 71:10 83:24,25 131:15 226:13 255:12 263:2 271:12,23 326:19 law.com 3:12 lawful 14:25 laws 62:17 66:16 lawsuit 23:22 24:8 24:20 25:1,4 27:17 58:20 261:8 lax 192:11 layperson 91:10 99:7 layperson's 95:1 98:4	lead 39:21 72:15 94:22 leadership 26:23 leading 113:9 learn 18:15 194:11 194:17 learned 24:8 27:16 114:2 218:6 learning 131:18 131:19 leave 36:22 37:4 75:5 99:21 106:5 107:14 123:4 124:19 125:20 126:8,25,25 146:7 208:1,7 280:16 293:24 337:10 341:6 led 81:17 187:15 ledger 157:16 leeway 168:7 left 42:14 124:25 125:16,22 127:23 135:16 152:6,16 187:1 212:4 222:19 313:7,9,10 332:3 legal 36:4 83:22 84:2 110:1 198:2 198:5,13 232:6 330:18 347:1 350:1 legally 217:25 284:20 299:18 legitimately 167:22 lethal 188:5 189:8 letter 308:19 343:8,13,15 347:19	letters 44:19 level 141:23 277:10 levels 113:18 337:9 license 79:22 80:18 81:8,15,18 81:21 86:3 96:21 licenses 47:15,23 licensing 165:16 lieutenant 122:2 life 169:8 likes 215:22 likewise 104:24 194:17 limit 148:15 limitations 275:11 275:14 limited 156:19 213:19 line 41:13 74:19 134:9 157:9 167:6 174:9 180:15 213:12 229:15,16 234:7 242:3 254:24 255:1 347:13 349:7 350:3 lines 223:3 lisa 7:12 201:22 list 93:1 111:11 126:24 238:16 242:4,23 261:24 309:4 311:5 333:23 339:2 listed 219:16 220:2 221:9 229:14 243:17 293:2 295:17 349:7,17
I 1:25 120:20 345:6 346:12 l.p. 1:10 2:17 lab 70:9 125:19 190:1 199:25 230:5 274:4 331:19 342:4 label 113:5 279:9 279:14,22,25 292:17 labeled 157:17,18 labeling 278:24 279:2			

[listen - mail]

Page 33

listen 130:23	156:9 279:6 290:7	315:4,7 322:8	178:12 191:3
listing 8:12,15,17	292:24 293:10	324:16	192:21 195:9,13
8:19 221:25 289:7	296:12	looked 90:21	197:4 202:20
289:13 295:3,9	logged 155:8	159:7 187:20	210:24 224:23
349:7	293:1	239:22 243:3,10	225:25 226:15,16
lists 152:3 175:24	logistics 207:5	296:17 303:13	226:19,25 247:12
219:22 227:17	logs 290:6	looking 82:4 86:6	268:18 271:7
242:9 243:13	long 20:11 21:2	157:23 190:25	281:25 287:16,20
litigation 1:6 13:5	30:17 41:5 49:4,9	195:10,12 223:6	298:6,10 303:13
23:13 205:15	49:15 64:19 83:15	256:4 273:24	305:13 306:18
343:9,13 347:6	124:23 126:5	279:6 282:5,20	318:19 320:15,22
348:3 349:3	131:22 132:25	298:12,21 300:14	320:24 321:2
little 26:17 27:1	133:4 137:1,3	313:22 322:16	326:16 340:5
38:13 39:18 58:19	139:18 173:11	325:15 341:15	341:21
117:19 131:4	183:21 184:2	lookout 231:4	lots 177:22
134:11 147:25	267:22 279:16	looks 136:9 218:22	louis 46:16,20
173:13 192:11	284:3 307:2,4	220:15 221:14	low 75:4,7 139:7
227:24 249:21	312:10 314:12	222:23 227:12	211:11
251:15 274:21	324:8 335:14	231:23 239:1,2	lower 141:22
284:5 287:5 305:2	342:17	242:12 274:18	203:24
306:22 318:2	longer 120:9,15,24	320:9,11 334:2	lucky 182:15
325:14 326:10	256:10 268:18	loose 70:22 302:6	lunch 57:15
live 226:2	334:8 335:19	looseleaf 265:19	117:20 134:13
lived 127:9 163:5	look 63:6,6 64:25	lorain 229:24	135:8 157:7
liver 335:18	65:1,6 70:24	230:4	163:25 166:3
lives 132:22	118:24 119:24	los 3:6	179:20 211:18
307:23	154:20,22 155:4	lose 124:21	319:19,19
living 42:22,25	158:17 174:7	losing 80:17 81:7	luncheon 134:20
163:3	182:11 185:9	81:18 86:2 124:20	m
llc 3:17	200:22 206:19	loss 53:10	m 2:4,8 3:9 347:5
llp 2:18 3:14,18	227:1,1 228:21	lost 53:7 79:22	m.d. 96:20
4:12	231:21 235:24	81:15,20 148:23	ma'am 277:21
loan 213:22	236:12 242:13	155:22	machines 199:15
local 93:6 163:7	244:1 245:18	lot 30:20 37:5,14	madam 347:10
located 261:20	251:19 273:6	42:18,22 54:25	magnifying
275:16 301:19	274:9 281:15,21	58:6 61:3 64:17	206:15
lock 149:12	281:22 282:1	67:22 68:5,5 70:8	mail 7:7,12,14,16
locked 149:10	283:2,5 292:3,8	92:2 95:10 109:13	7:17,19,20,22 8:5
150:1,2,17 153:23	294:11 298:8,10	111:9 127:20	8:20 168:20 169:5
log 63:5 139:15	298:11 303:10,23	152:7 157:23	169:16,21 170:1,5
149:25 154:6	306:17 314:23	165:3 168:7	201:22 202:15

205:23 206:6 207:3 229:4,8,10 229:14,17 230:15 233:7,18,23 234:3 234:6 235:10,24 236:3,14,17 237:25 241:13,20 242:13 243:10 244:3,6 254:11,17 255:1,4,15 256:2 256:25 315:10,21 315:22 322:18 333:17,22 mailed 242:2 334:5 mails 29:8 236:8 main 4:13 5:7 261:21,23 maintain 29:13,19 165:1,2,10 maintained 30:6 30:14,15 253:20 263:16 264:6 267:6 maintaining 149:2 major 245:3 majority 65:9 67:15 68:7,15 110:17 165:1 178:2 182:13,16 234:24 262:25 making 36:4 80:11 98:14 132:23 236:25 249:16 310:18 325:20 male 98:16 215:9 320:7 males 320:11 mallinckrodt 2:13 man 139:7 219:23	management 60:4 167:25 249:2,5,12 manhours 76:24 76:25 manna 1:20 manner 72:3 73:2 73:6,15 160:14 195:11,25 196:15 218:9 manning 143:11 manslaughter 271:20 manual 7:23 8:3 31:11 32:7,8,14,16 40:3 145:23 149:2 158:13 247:23 248:6,14 250:13 250:23 252:16,24 254:2 266:8,9 276:20 334:3 manually 332:13 manuals 31:3,21 39:25 265:18,20 265:21,23 266:3 manufacture 161:22 manufacturer 117:9 201:3,6 232:25 240:5 280:22 281:11 manufacturers 200:5 281:1,4 map 127:12 marathon 17:1 marcus 4:3,6 14:18 mark 117:22 118:11,13 168:16 201:19 205:20 228:24 233:3 235:25 241:12	244:2 marked 7:3 118:5 118:22 121:14 168:23 169:4,9,13 186:17,20 201:25 205:25 206:3,18 229:4,7 233:8 236:4 241:21 244:7 248:1,4 250:16,20 254:12 257:3 258:18,23 259:24 289:8,15 289:19 295:4,10 295:14,23 333:18 333:21 market 1:21 329:3 330:2,3,9,11 331:5 marketed 278:2 marketing 73:21 277:23 mask 191:21 masks 191:24 master's 130:1 masters 4:8 14:8,8 match 69:11 231:22 matched 69:5 material 84:21 107:8 materials 28:23 31:5,6 255:9 math 174:19 318:6 matter 91:22 231:19 302:17 max 173:20 maximum 123:21 mcconnell 2:9 mcginness 2:3 mckesson 3:13 14:20	md 1:7 13:6 mdl 1:6 13:5 me's 299:8,8 328:6 meadow 15:23 mean 26:13 31:21 49:9 63:25 90:10 93:23 109:15 116:18 125:9 132:11,19 133:2 135:21 139:25 140:22 160:19 171:3 183:19,20 185:13 186:8 192:4 195:10,12 200:19 209:20 212:25 220:23 239:13 242:5 243:19 250:8 268:1 269:24 271:16 272:2 285:14 292:6 294:18 296:16 297:21 299:18 302:1,7 303:21 307:23 309:23 318:18 319:17 325:10 329:4 330:10,11 meaning 291:10 311:7 328:5 meanings 131:24 means 155:12 174:19 237:24 239:14 316:12 338:8 meant 279:15 measures 193:7 mechanically 207:24 238:6 media 65:3 108:13 157:7 187:14
--	---	--	---

[media - mirror]

Page 35

210:22 236:25 247:8,10 319:25 320:2,14,17,18 321:20,24 media's 322:2 medical 7:5 8:7,10 8:12,14 15:17 19:19 23:2 24:19 25:18 26:1,24 31:5 32:4,23 40:7 41:19 42:16 45:6 48:2 64:13 72:25 74:7,14 80:3 81:24 83:17,20 84:7,12,16 85:1,20 86:4,24 87:12,20 89:16 90:25 91:3 91:5,7,18 92:12,20 93:6,16 96:3,12,19 97:13 99:12,18 100:12 102:13 106:5,15 107:1,20 118:3 120:9,17 122:10 127:11 130:7 131:19,22 144:14 146:25 147:6 151:12 162:21 164:18 166:25 168:3 174:9,21 184:3 186:1 188:3 197:15 210:2 245:22 252:8,11 255:19 258:16,24 259:22 260:5 261:16 262:2,16 263:23 264:4 268:19 272:10 276:14,20 282:14 289:6,13 292:1 302:8,9,14,16,20	306:17 309:19 319:15 328:1,3,11 328:11 333:7 337:7,13,14 338:15 341:11 342:25 medically 80:13 89:25 medication 8:12 8:14 17:21 60:7 67:15 91:18 93:1 97:15 184:12,18 185:22 196:8,9 253:14,18 279:2 279:22 280:7 289:1,7,13 293:16 293:23 300:3 302:8 303:4 335:5 335:10,14,19,25 337:3 medications 60:11 67:19 100:24 107:9 149:5 195:6 278:1 280:12,22 296:22 302:11 335:6,15 337:8 medicine 44:13 166:4,16 167:3 medicolegal 44:18 44:21 meds 335:11 medway 25:19 26:5 43:20 44:6 meet 20:4 21:23 161:5 meeting 19:10 20:3,7,12,17,22,24 21:3,5,9,12 46:14 57:15,16 260:22 meetings 21:22 22:4 23:7,9,12	56:21 341:21 member 48:11,14 49:25 103:12,18 197:6 220:1 340:5 members 36:21 99:9 102:15,21,22 103:4 181:20 182:2 192:24 214:13 216:12 305:4 328:14 335:9 337:20 339:23 memory 17:25 mental 306:11 mention 17:15 mentioned 36:6 40:21 44:5 62:24 64:21 68:24 76:14 80:16 108:12 111:11 126:23 179:19 216:17 261:14 263:4,15 265:6,17 267:5 270:7 271:11 272:9,12 273:21 276:18 mentoring 128:19 merging 250:2 message 27:11 messages 227:2,6 messenger 75:12 met 15:9 18:11 20:21 meth 71:2 242:20 242:25 methadone 242:9 338:19 methamphetamine 111:12 114:9,12 114:18 235:1 329:16	methamphetamine... 109:14 mexico 61:6 179:20 michael 229:10 michigan 162:23 microfilm 30:20 mid 64:12 153:10 158:4 276:16 320:7 321:8 middle 17:6 152:11 253:12 319:17 midnight 136:25 136:25 137:2 139:4,6,12 142:7 145:11 midnights 139:9 142:5 152:8 midwest 347:17 350:1 mike 120:19 milligram 230:1 mimic 230:1 232:3 232:5 mimicking 229:19 231:1 mind 51:12 88:25 153:4 215:11 218:6 318:9 mine 141:16 263:10 minor 251:7 minute 118:21 142:22 283:14 minutes 17:9 152:13,15 218:3 238:9 258:4 332:3 mirror 69:23 115:8
---	---	---	---

[mis - never]

Page 36

mis 86:13 miscellaneous 151:25 293:4 misconduct 86:14 86:15 mishandling 148:4 misinformation 241:9 misplaced 148:24 mistaken 250:6 mistakenly 293:15 misused 148:10 mix 186:8,9 235:2 mixed 132:17 186:1 191:6 226:7 246:17 mixture 52:11 70:4,5 mom 126:8 197:6 305:24 moment 36:6 60:17 65:18 256:9 323:12 monday 138:19 141:16 242:14 270:16 273:5 money 181:23 227:15 month 20:20 159:9 215:17 239:20 monthly 56:21 months 20:10 42:19 56:13 68:2 128:13 129:12,15 129:17 131:11 133:6 150:2,5 151:4 215:8,8,18 238:12 morgue 77:13,17 120:18 307:5	morgues 213:12 morning 15:7,8 136:15 144:25 215:23 231:11 270:23 298:15 morphine 179:25 230:8 motel 224:3 mother 223:9 224:2,6 327:12 motley 2:3 13:14 motleyrice.com 2:6,6 mouth 325:5 move 153:10,14 227:25 306:22 312:11 moved 43:19 44:5 136:24 153:10 163:14 307:6 309:5 moving 36:15 mt 2:5 multiple 63:15,15 67:13 117:1 219:19 220:11 283:3 287:19,20 328:19 municipalities 213:22 murdered 49:1 muscle 329:20	134:2 145:19 154:20 155:9 163:21 164:19 165:7,11,17 197:9 214:22 236:15 261:7 275:2 281:22 291:12 293:19 296:19 312:21 321:23 347:6 348:3,4,15 349:3,4,21 named 158:23 345:9 names 58:23 80:22 87:24 88:22,23 110:7 121:4 132:17 222:7 241:3 301:4 333:8 nap 135:11 narc 171:21 narcen 177:15,23 178:3,19 192:15 193:3 239:12 narcotic 272:24 narcotics 42:18 61:4 148:18 151:14,22 165:21 182:4 192:1 226:20 nation 230:5 national 1:6 13:5 50:22 164:18 347:6 348:3 349:3 native 206:8 233:13 natural 182:25 nearly 152:19 187:24 necessarily 119:14 168:8 189:19	necessity 80:3 neck 159:18,19 need 17:3,10,14 38:12,13 39:21 75:6,9,16 78:25 120:1 135:13 141:12 142:25 143:16,17 149:9 151:13 165:9,15 165:16 167:22 181:14 186:9 192:6 195:25 198:21 200:21 212:13 214:5 241:7 249:14 258:5,7 263:24 267:2 268:20 269:7,10,20 270:14,21,24 271:3 273:1 282:5 298:19,20 303:23 305:25 313:15 needed 22:20 34:21 144:5 172:24 205:10 225:12 241:10 249:20 needs 27:7 36:1,2 40:12 71:25 75:3 75:23 168:3 191:2 198:9 226:18 241:6 248:25 251:4 252:22 253:10 298:17 negative 146:22 neighborhood 51:2 neighborhoods 50:24 never 133:1 143:23 144:7
---	---	---	---

[never - objection]

Page 37

147:10 148:7 162:18 164:12 166:24 192:19 200:11,19 277:19 278:12 281:10 325:10 336:17,20 337:4,17,20 new 2:15,15,20,20 34:15 127:8,22 129:19 130:15 131:18 193:13,21 212:16 249:1,5,6 249:10,14,17,22 250:9 252:15 260:16 266:17 274:22 275:1 276:4 newer 124:21 news 66:2 108:16 115:5 191:15 210:7,20 238:13 247:10 281:8 newspaper 27:17 27:18 82:8 107:20 187:8 231:8 newspapers 86:8,8 191:15 nick 5:12 18:4,6 night 50:22 138:5 138:8,14,18 173:14 215:25 270:8,22 271:2 321:22,23,25 nights 42:25 nighttime 271:6 nodding 329:21 non 91:1 125:9 210:12 249:8 281:18 noon 134:12	normal 76:11 136:6 138:9 145:5 146:10 normally 138:12 195:2 203:25 312:10 325:19 north 3:11 northern 1:2 13:7 notable 111:7 115:13 notarized 347:14 notary 345:6 346:12 347:25 348:10,18 349:15 349:23 350:23 note 19:1 39:9 75:5 92:8 99:16 102:25 103:21 133:18 292:12 293:17 332:11 340:2 347:12 notebooks 267:10 267:11 noted 38:19 175:16 189:10 notepad 263:12 notes 30:11 38:21 170:24 174:1 212:12,17 267:5,6 267:7,9,11,12,17 267:19 275:22 325:15 notice 29:3,7 323:15 noticed 297:9 306:16 notification 28:23 36:4 notifications 132:24	notified 38:3 39:15 215:22 notifying 38:14 217:13,14,22 november 218:23 237:9 now's 79:2 nowadays 70:6 number 7:3,6,8,13 7:15,19,21,24 8:4 8:6,8,10,17,19,21 13:6,6 35:12 78:11 97:20 98:3 98:10 104:14 109:10 115:14 116:19 118:4 122:13 136:9 145:20 155:15 164:7 168:22 169:6 171:21 174:25 175:10 178:25 179:4,7 197:9 199:10 201:24 202:5 205:24 209:12 220:14,14,15,16 221:17 233:11,15 236:3 239:25 241:20 244:22 247:6,25 248:10 250:15 253:17 254:11 258:17 259:23 269:8 291:10,12 295:3,9 306:2,16 315:5,6 317:4 322:25 324:7 326:13 333:17 347:7,13 numbered 7:22 8:13,15 244:6 258:25 289:7,14	numbers 65:5 70:24 113:13,15 113:15,17,23,25 114:5,20,24 142:8 158:17,19 171:10 175:17 177:20 178:14 179:2 181:10 205:12 209:11 234:19 236:23 237:10 239:3 241:2 244:21 251:15,15 316:13 317:25 318:5 320:3,10,13 322:20 323:15 324:13,16 325:12 349:7 nurse 95:14 96:25 262:17 nurses 131:21 191:16 218:2 nursing 34:25 nw 3:10
o			
o 63:1 236:16 o'gorman 2:19 6:9 13:25,25 261:5,7 283:7 oarrs 62:20,25 92:24 93:15 94:6 162:7 296:4,7,16 oath 26:18 object 230:14 objection 9:3,3,4,4 9:5,5,6,6,7,7,8,8,9 9:9,10,10,11,11,12 9:12,13,13,14,14 9:15,15,16,16,17 9:17,18,18,19,19 9:20,20,21,21,22 9:22,23,23,24,24			

[objection - office's]

Page 38

9:25 10:3,3,4,4,5,5 10:6,6,7,7,8,8,9,9 10:10,10,11,11,12 10:12,13,13,14,14 10:15,15,16,16,17 10:17,18,18,19,19 10:20,20,21,21,22 10:22,23,23,24,24 10:25 11:3,3,4,4,5 11:5,6,6,7,7,8,8,9 11:9,10,10,11,11 11:12,12,13,13,14 11:14,15,15,16,16 11:17,17,18,18,19 11:19,20,20,21,21 11:22,22,23,23,24 11:24,25 12:3,3,4 12:4 19:3,5 31:8 35:10 36:24 39:13 54:9 62:6 63:21 66:24 67:8 68:11 69:7,17 72:5 75:25 78:8 80:19 82:17 86:17 89:8 90:1 91:20 93:20 94:18 96:5 99:11 101:6,25 102:9 103:6,22 104:13 104:16,21 105:22 107:11 110:6 111:8 112:13 113:12,24 114:13 114:19 115:15,22 116:6,14 146:21 153:2 160:18 161:1,18 167:20 168:2 172:20 178:6 181:5 183:7 184:13,25 185:5 186:3 188:17 189:3 190:10	193:15,25 194:14 194:25 198:15 200:6 201:4,11,17 203:17 205:16 215:2 217:17 224:21 228:19 230:17 232:7 239:10 240:7,12 240:17,24 243:15 253:1 254:5 264:10,15,24 265:3,22 267:25 271:15 272:18 274:19 275:25 276:25 277:13 280:5,13,20 281:6 286:2,6 287:17 288:1,22 294:17 297:7 299:17 300:20 301:13,18 304:2,24 305:12 306:13,15 311:21 313:17 316:8 317:21 318:23 319:16 321:4,17 322:6 324:10,24 327:8,24 329:5 330:17,22 338:5 339:16 340:3 objections 6:5 9:1 10:1 11:1 12:1 obligations 141:15 observe 96:1 131:2 observed 235:21 obtain 44:24 45:3 62:21 83:6 269:23 289:2 296:7 302:18,20 323:9 335:10	obtained 286:24 288:15,20,20 300:8,17 301:12 328:24 330:9,15 336:11,12 337:7 obtaining 268:5 329:9 obtains 296:16 obvious 21:18 163:10 obviously 185:14 210:17 occasion 280:21 occasions 141:1,8 occur 20:17 65:7 occurred 205:3 321:25 october 1:15 13:2 20:20,21 21:5,8,11 234:6 346:6,15 347:4 od 234:21 242:3 335:8 offer 127:20,21 141:5 195:3 offhand 20:9 51:13 52:14 161:19 233:22 office 8:7,12,14 15:17,18 18:7,7 23:2 24:19 25:18 26:2,14 30:17 31:6,23 32:23 34:11 36:1 41:19 42:6,16 52:1 55:1 55:2 58:7,11 63:4 64:24 67:17,20,23 68:3 72:16 73:1 74:4,6,15 76:8 78:12 81:22 82:15 83:6,13 84:21	85:6 86:21 87:7 87:21 89:3,6 93:17 95:12,14 96:24 108:24 110:17 120:10 122:10 127:11 129:13,21 130:22 144:10,14,19,20 144:24 145:14,18 145:20 146:15 147:1 151:8,12,17 154:10 160:15 163:23 165:6 166:5,17 174:10 174:21 182:14 184:3 188:4 189:15 190:14 192:16,21 193:2 193:12,18 209:23 211:25 212:4 223:22 229:24 230:25 237:1 239:9 253:19 255:19 257:17 258:15,24 259:17 261:16 263:24 264:11 265:18 266:4 269:4 271:23 272:10 278:8,9 285:4 289:6,12 291:20 292:1 296:6,14 298:18 299:8 307:11 309:20 319:15,15,21 328:6 330:7 334:7 341:11 342:25 343:5 346:5 office's 190:1 245:22 260:12
--	--	--	--

[officer - opening]

Page 39

officer 43:10 53:5 131:16 134:4 officers 61:3 offices 151:17 278:6 official 16:10 72:24 118:16 348:15 349:21 officially 312:8,9 officials 62:4,11 oh 58:5 92:3 122:18 143:5 159:9 164:6 180:16 218:3 269:7 299:24 331:24 ohio 1:2,9,11,22 2:10 3:11 4:14 5:8 7:10 8:16,18 13:8 15:24 43:7,9 46:13,13 166:7,10 166:16 167:2 175:20 186:16 187:8 223:8 236:17 244:12 295:2,8 296:4 345:2,7 346:6,13 347:2 okay 13:18 16:24 16:25 17:11,12,15 17:16 18:3,17,21 18:22 19:8 20:24 21:16,20 22:11 23:6,11 24:16,18 25:24 26:20 28:10 28:13,18,20,21 29:22 31:2 32:2 32:14 33:3 37:2 37:11 38:17 40:8 40:14,18,21 42:8 43:9 44:9 45:24	47:8,18 48:19 50:12 51:15,21 52:8 54:20 55:24 56:14 57:13 58:18 61:17 62:24 63:19 64:7 66:7 67:3 68:7 74:13 75:1 75:11 77:5,19,24 78:24 79:3,4,13,15 81:2,6 82:12 84:15 85:11 86:1 86:19 87:1,11,18 89:15 90:13 91:13 91:14 94:20,25 97:25 99:4,14,24 101:18,21 102:5 107:19,22 110:25 114:25 116:17,20 116:21 117:22 118:8,19 119:4,17 119:21 120:1,16 121:2,7,10,12 122:1,19 130:10 130:16 133:16 134:6 135:8,14,15 137:12,25 138:7 141:5 143:23 144:9,23 146:17 147:5,24 155:22 156:6,11,25 158:12 159:20 161:8,20 162:19 164:15 165:20 166:2 168:4 169:15,22,24 170:11 171:1,6 172:15 174:6,15 179:3 180:16 181:3 183:1,4,10 185:2 186:11 187:2,7 188:23	189:13 190:5,13 191:12 193:6 196:18 197:19,22 198:4,17 199:3 200:2 201:7 202:14 205:14,19 207:24 208:5,18 210:4 211:4 213:25 214:22 217:11 221:2,7 222:12 223:2,12 227:7,17 229:7,12 229:19,22 230:16 230:19,23 232:9 232:13 233:23 234:5 235:11,11 235:24 237:16 240:2 241:16 244:1,17 247:17 251:10,20,23 252:1,7,13 253:5 253:11 255:17 256:7 257:7,24 258:8 259:15 260:15,24 262:11 263:4 264:22 265:12 267:4 270:7 273:1 277:15 278:15 284:7,12,13,17,25 285:13,18 286:12 286:14 288:11 289:20 290:1,16 295:24 297:19 298:3 301:5,6 304:14 305:2 306:4 310:19,22 311:15 312:19,23 314:4,8,11,15,21 314:24 315:6,25 321:7 322:15	323:2,14,22 324:18,20 326:9 326:12 328:22,25 331:24 334:4 337:23 339:5,21 341:6 342:13 343:7,12,17 old 98:16 125:11 140:12 157:16,16 177:2 219:23 220:4 221:1,18 263:10,25,25 274:23 282:14 309:4 older 65:16 120:6 153:11 264:20,20 264:21 297:25 olds 282:16,19 once 19:6 20:21 24:9 30:7 35:17 45:12,18 50:23 72:20 130:11 132:6 149:5,8,8,24 183:22 190:18 191:14 192:12 202:6 239:24 264:12 266:21 267:12,14 269:15 291:6 320:4 321:11 325:25 ones 26:4 73:14 222:6 246:24,25 312:1 335:8 online 187:21 231:21 op 1:11 open 119:8 125:13 144:20 228:7 273:19 opening 125:12
--	--	--	--

opiate 1:6 13:5 62:18 64:20 65:15 76:21 77:11 88:2 91:1 167:22 195:2 205:11 206:11,13 227:8 232:25 278:1 285:2,8,12 286:11,15 347:6 348:3 349:3 opiates 55:5,9,14 55:18 58:2 91:13 106:21 197:25 220:5 228:10 285:23 286:1,14 288:14 opinion 24:25 25:4 95:1 98:4 102:7 105:20 106:12 107:7 239:11 279:21 opinions 79:18 160:11 168:9 249:18 opioid 23:13 52:10 54:16,18 60:10 68:4 75:24 78:11 78:15 116:23 117:3,6 163:16 184:10,18 188:1 193:14,19 194:12 194:23 199:4,20 229:15 240:4,10 240:15 279:2,22 280:22 281:1,4,4 284:15,19,19 285:3,8,17 299:16 300:16 301:5 opioids 52:9 54:24 56:25 66:5 67:1,7 68:20 74:1 85:7 85:15,21 86:16	87:22 88:3 101:13 101:24 106:9,11 107:23 108:1,6 161:22 162:1,5 167:18,25 168:13 177:16 178:20 182:9 183:15 184:4 185:3 194:19 198:1,14 217:9 219:7 221:12,23 278:17 286:5,9 288:13 300:9 329:3,18 opportunities 26:8 opposed 97:17 157:9 option 265:5 options 161:6 311:5,9,14 order 76:2,10 83:4 91:3,18,24 92:5 95:15 150:6,10,15 150:16 163:23 268:25 277:2 291:13 292:9 298:22 302:8 332:13 ordering 73:11 90:24 91:5 95:16 162:12 270:21 orders 83:25 150:23 270:25 ordinary 35:8 125:2 organization 48:20 49:5,13,14 84:5 108:4 121:13 organizational 7:5 117:23 118:3,21 120:3	organizations 48:12,15 320:19 organize 136:11 227:24 original 30:11 152:5 196:7 originally 149:10 241:11 osha 38:8 outcome 85:14 outline 170:10 output 240:22 outside 102:3,4 147:2 151:7 192:20 203:24 213:23 231:16 262:23 270:2 304:11 overall 51:25 55:2 overdose 7:11 38:10 53:11,12 64:3 65:14 72:19 85:14 87:21 91:1 104:2,14,17 105:19 106:11 110:3,12 113:9,23 115:14 159:7 160:1,6 174:10 175:1,6,11,20,25 177:10,12,13,22 178:5 182:20 183:5,20 184:10 184:17,24 185:6 186:16 187:9,24 189:18,19 191:17 199:4,6,10 208:25 210:23,25 214:19 215:7 217:13,14 218:24 219:4,10 219:13,16,18,24 221:9,20,24	222:18 226:1 234:20,23,24 235:17 236:22 237:8,24 238:24 239:3,8 242:4 246:19,21,22 273:7 282:13 283:6 301:4 304:22 306:8 309:24 310:9 311:14,17 312:4,8 314:6,23 315:2 316:15,19,24 319:6 322:2,25 323:16,21 324:8 324:22 330:8 335:1,3 336:1 338:12 overdosed 102:6 185:3 210:9,16,21 215:9 216:20,23 217:5 overdoses 64:10 64:15 65:4 75:24 76:21 77:11 88:2 104:11,19 110:8 110:17 113:3,17 159:14,19 174:16 174:22 175:2,10 177:6 178:16 179:9 182:12,12 182:17 193:14,20 195:3 199:9,12,20 200:7,12,23 209:10 215:19 216:2 232:17,21 232:25 237:11,23 238:11,16 239:13 244:21 246:24 247:2,6 282:19 311:19 314:18
---	---	--	--

317:2 320:21 325:6 overdosing 224:16 overnight 138:4,8 138:25 144:23 overreported 160:17,20 overruns 205:3 oversee 140:19 overtime 76:23 77:9,22,25 78:5 137:23 140:25 141:6 198:11 overview 35:7 130:13 overwhelmed 211:23 212:15 overwhelming 68:7 oxford 4:4 oxycodone 98:21 186:10 219:16,17 229:20 230:1,3 231:1 285:25 286:9,20 289:1 300:16 301:10 oxycontin 185:8 186:10 219:12 289:2 302:6	197:23 202:14 206:6,10,13 211:4 213:11 223:7 228:8,14 229:8,17 229:23 233:14 234:2 235:12 236:11,11,14 238:8,22 242:1,12 244:3,11 251:16 252:3,5,13,13,14 253:11,13,17 256:7,7 322:24 323:17 335:1,3 347:13,15 349:7 350:3 pages 169:11 206:9 207:2 229:8 236:10 252:18 255:4 paid 212:2 pain 60:4 88:6 106:17 167:22,25 painkiller 284:16 284:17,19 painkillers 62:18 panel 52:12 53:4 53:22 54:12 170:8 paper 24:10,11 82:22 86:7 119:11 169:19 170:5 171:2 263:6,18,20 265:18 275:24 279:17 318:16 319:6,12 papers 107:25 par 3:3,3 14:15 paragraph 171:24 174:7 176:8,9 179:12 211:8 252:10 315:24	paralegal 18:7 paramedic 263:1 paramedics 191:17 239:15 parameters 238:5 paraphernalia 283:4 parent 53:7 215:17,24 224:24 225:1 parents 52:12 53:7 127:8 176:23 210:15 216:3 part 30:15 49:22 57:9 77:17 78:9 87:15 89:19 90:19 114:7 119:12 126:15,15 209:22 215:21 216:2,3 245:10 246:5,25 254:2 263:21 269:15 270:16 280:23 281:14 295:18 349:9 participated 24:4 46:19 278:12 participation 58:8 particular 53:10 79:20 80:7 89:24 97:14 101:24 119:12 240:4,9,10 240:16 277:1 280:18 314:25 332:17 334:13 339:25 particularly 119:20 partners 305:5 party 346:2 pass 45:15,18 89:11	passed 45:20 82:1 82:6 89:23 216:13 224:15 230:9 passing 98:11,18 patch 325:3,4 patches 109:23 110:10,11 path 72:13 pathologist 211:20 266:7 pathologists 211:24 243:18 pathology 48:6 patience 130:19 patient 83:18 84:11,16 85:1,8 86:15 90:25 93:17 94:6 95:21 98:10 101:24 102:13 110:4 130:24 184:17,22 280:18 293:13 294:16 297:16 299:15 301:10,11 303:17 303:18 patient's 100:17 337:18 patients 86:14 100:25 109:23 306:9 332:16 patrick 3:14 14:19 120:22 306:24 309:18 patrol 226:21 pattern 115:20 paul 3:19 14:21 paul.weeks 3:21 pause 19:4 pawned 181:23 pay 17:13 139:8 227:16
p			
p.m. 136:14 141:17 144:25 234:6 343:24 packaged 273:18 packaging 207:21 padlock 153:7 padlocks 149:11 149:13 page 118:24 119:3 170:3,6 171:18 174:8 187:1,23			

<p>pcarey 3:16</p> <p>pd 36:8 71:16</p> <p>peace 43:10</p> <p>peak 113:18 115:20</p> <p>pelini 3:9,12 14:3</p> <p>pellegrino 1:25 345:6 346:12</p> <p>pen 120:13 122:17</p> <p>pendency 24:20</p> <p>pending 133:20</p> <p>pennsylvania 4:5 162:23 163:11,15 163:17,18 164:13</p> <p>penny 225:5</p> <p>people 64:11 65:3 88:1 104:10,14 108:7 113:3 120:4 120:8,14 124:18 127:24 131:14 146:4 149:17 152:19 167:21 178:2,10 181:14 183:16 185:3,6,18 185:21 189:1 192:10 207:5 209:8,18,21,23 210:25 215:12 216:7 222:8 231:14 239:24,25 247:1 267:7 270:13 271:9 281:17 295:17 305:14 327:7,18 327:25 329:8</p> <p>percent 65:14 85:24 87:17 147:17 183:8 204:24 318:3,6,7 325:24</p>	<p>percentage 91:11 91:15 161:4 176:5 184:11 188:15 319:7</p> <p>percentages 318:8</p> <p>perch 172:9,10,12 173:5 188:24,25 189:18,22,23 190:3,18 192:17 199:11 220:12 229:10 231:4 232:10 274:7 342:3</p> <p>percocet 181:9 185:8</p> <p>performance 22:9 22:25 27:4 29:10 132:3,7</p> <p>performed 259:9</p> <p>period 26:9 29:16 41:9 68:9 108:9 123:2 127:23 128:7 129:5 132:1 132:14 133:9,11 140:16 193:11 204:14 235:22 264:7,13 270:5</p> <p>periodical 234:2</p> <p>periodically 236:22</p> <p>permission 257:18 268:20</p> <p>person 35:20 38:5 39:17,17 42:4 64:12,19 74:24 90:9,16,22 91:2,22 92:1 95:11 101:5 102:23 104:4 106:13 124:10 125:14 128:12,19 129:5,14 132:8</p>	<p>139:2 146:2 152:20 154:15 155:10 163:2,2 185:10,12 192:23 197:3 261:15 262:23 269:7 273:6 283:2 288:24,25 291:5 298:21 299:20 300:8 301:16,21 302:2,7 303:3 304:10 307:2,4 313:20 325:3 326:3 335:6,11 338:14 339:12 340:11,21,22,23</p> <p>person's 49:1 341:1</p> <p>personal 59:1 66:21 67:5 116:23 117:10,16 148:4,8 257:9,13 327:9 332:15</p> <p>personally 40:9 53:18 58:22 71:14 79:21 81:12 102:17 117:3 142:17 159:7 166:11 168:12 176:20 207:19 236:23 259:14 267:9 278:10 348:11 349:15</p> <p>personnel 51:11 128:10 227:18</p> <p>persons 65:16</p> <p>perspective 161:14 189:1 218:13 267:24</p> <p>pertains 161:25</p>	<p>pertinent 30:8 252:11</p> <p>pharma 1:10 2:17 2:17</p> <p>pharmaceutical 3:3 200:4 201:10 277:17,20,23 278:6,24 280:4</p> <p>pharmaceuticals 3:2,3 4:12 14:7</p> <p>pharmacies 168:1</p> <p>pharmacist 53:6 162:4</p> <p>pharmacy 48:9 81:24 82:23 84:7 86:5 95:4 117:9 166:4,7,10,10 196:21 201:16 232:15 240:16 296:23</p> <p>phone 13:17 14:13 56:23 130:24 144:19,22 152:10 152:11,12,13 158:21 163:7 212:20 227:4 272:12,25 324:15 347:3</p> <p>phones 145:14 226:17,19,25 273:8</p> <p>photo 210:13,19 222:21,25</p> <p>photograph 210:5</p> <p>photographer 33:1,12,14,16 89:20 183:23</p> <p>photographers 33:25</p> <p>photographs 35:23</p>
--	--	---	--

[photography - practice]

Page 43

photography 33:8 33:21,22,23 34:7 34:17,19,21 131:8 212:13 226:23,23	229:25 230:1,2,6 230:25 274:9 292:25 293:5,7 302:6	point 17:3,17 18:19,25 27:18 28:5,12 30:19 35:11 40:1 51:15 88:25 119:22 128:13 158:6 192:12 199:16 212:19 246:14,18 258:2 260:20 272:14 273:17 334:16	pops 51:16 popular 62:8 327:1 portage 214:3 porter 3:4 14:15 position 33:6,6 34:9,10 42:15 108:1 122:2 168:9 307:11,14 309:7 positions 26:23 32:23 33:4 41:4 positive 281:20 possession 101:15 possible 116:20 227:25 possibly 72:19 222:19 274:10 283:5 post 43:18 posted 187:4 potency 172:13 potent 179:23,25 191:14 226:6 327:15 powder 70:17 71:12,25 109:20 190:24,25 228:23 273:1 331:14 powders 67:25 150:13 191:9 192:17,19 powerful 188:1 327:4,15 powerpoint 57:2,4 171:13 189:11 202:21 206:7,10 206:23,25 207:7 207:10 practice 39:12 80:12 103:8 267:18
photos 33:10 208:12 222:7,15 222:18 223:11 230:20 phrase 318:15 physical 255:20,24 273:23 274:13 physically 129:12 157:23 physician 88:1 91:24,25 92:2 95:11 96:20 100:5 100:11,16,21 101:23 163:22 166:9,25 280:14 302:24 335:13 physician's 96:24 physicians 62:19 63:14 99:24 100:2 165:14 184:24 195:25 212:12 334:6 335:23 341:8 pick 222:6 273:9 picked 221:5 picking 135:16 picture 208:24 pictures 222:3 piece 82:22 279:16 pieces 281:8 pill 69:1,10,14 70:22 71:24 181:9 231:20 274:12 pills 69:15,20,24 90:16 97:20 98:3 151:25 152:7 185:15 222:20,21	pinch 143:10 pipes 282:17 pitch 142:24 pittsburgh 4:5 14:18 place 36:15 56:2 62:23 153:15 158:3 193:7,12,19 264:23 275:7,24 282:16 291:25 332:13,18 339:10 339:14 345:19 placed 30:20 130:18 places 311:6 plain 92:17 plaintiff 117:15 plaintiffs 13:16 23:12 28:8 119:16 plastic 278:9 plate 34:14 play 74:7 81:7 223:18 232:16 249:13 252:16 played 40:2 53:21 78:9 221:12,23 playing 173:15 pleasant 2:5 please 13:9 15:22 16:23 119:24 149:22 295:20 334:16,17 347:11 347:11 pleasure 260:22 plus 88:9 190:23 198:20 270:18 276:16	points 92:11 144:12 163:10 170:24 206:22 poisoning 183:2 pole 139:7 police 38:1,6 43:10 43:13 51:4 54:22 61:2 67:5 70:12 71:10 73:12 131:16 134:4 147:11 150:7 158:17 177:21 180:19,20 181:13 181:18,19 182:2 189:21 191:17 224:9 226:18 227:3 239:17 250:1 264:4 272:11,12,20 294:18 325:19,23 331:1 policies 23:4 policy 60:1 108:5 193:18 342:24 343:5 polished 208:15 pollinate 341:12 polster 1:8 poor 19:2 218:4	

practices 192:7	302:23	302:5,8 303:4,5	presenter 57:10
precaution 191:13	prescription 1:6	328:24 329:2,18	preserved 325:22
predate 31:14	3:8 13:5 14:4	347:6 348:3 349:3	presumed 238:16
predated 31:24	60:10 66:5 67:7	prescriptions	244:22 311:25
predates 31:11	67:13,19 68:3,20	62:20 64:20 65:21	312:5,11 314:10
predecessor 40:19	69:1,5,10,14,20	66:19,20,23,25	presumptive
predominantly	71:24 72:10 78:11	67:23 79:17 85:23	71:11,19
110:5	78:14 80:4,8 85:7	86:10 87:23 89:7	pretty 297:3
prefer 283:22	85:15,21 86:16	89:12 91:10	299:10 313:2,14
prefers 268:9	87:22 89:24 90:4	106:15 150:5,11	318:2 319:3
prejudice 332:25	90:10,15 91:17	152:2,9 162:4	prevalent 111:16
preliminary 237:7	92:8,8 95:3 98:19	163:18 193:21	114:15
237:18 339:19	99:2,6,10 101:10	198:5 291:5,19	prevent 17:22
preparation 19:12	106:9,11 107:9	293:10 296:19	previous 40:6 68:6
19:15 20:5 24:4	110:2 116:23	330:18 333:8	114:16 131:16
208:7 223:19	117:3,6 150:6	presence 72:2,9,15	207:15 208:22
prepare 18:10	151:25 161:22	193:23 345:14	314:17 321:1
21:22 171:17	162:1,21 163:16	present 5:11 20:14	previously 163:4
prepared 24:1	163:20 167:19,25	21:13 36:7 51:24	169:9 278:8
74:3 170:18	168:13 181:7	72:11,22 243:4	price 181:12
219:22 222:10,12	182:9,12,17	presentation	primary 91:23,25
225:8 263:5	183:15 184:4,9,18	52:10 53:22 56:4	92:1 95:11
preparing 20:8	185:3,8 193:14,19	57:9 58:4,5 60:17	print 263:14
202:11 317:15	194:23 197:16	105:5 170:10,16	printed 315:22
319:5	198:14 199:4,9,12	170:19 176:23	printing 241:9
prescribe 90:8	217:9 219:6	189:11 202:21,25	printout 186:25
100:24 102:2	221:12,23 222:18	203:4,9 206:8	prints 281:24
prescribed 93:1	240:4,10,15	207:10,12 210:13	282:3,3,5
97:15,22 98:3,20	253:13 273:23	322:11,12,25	prior 25:17 31:6
101:24 152:4,5	274:4,13,18 278:1	323:18	31:19 41:9 42:14
163:22 168:12	278:20 279:10,18	presentations 50:4	52:18,19 62:15
184:12,19,20,23	284:15,18,20	50:15 54:12,18,23	67:11 68:6,24
185:4,7,13,19	286:25 287:6	55:5,8,9,17,22	115:25 116:2,3
195:6 196:8 279:7	288:13,13,16,20	56:7,11,18 58:2,3	127:18 136:21
288:25 296:20,21	289:1 290:8	58:9 171:4 206:24	140:5,11 153:20
302:10 335:6,8,11	291:17,17,18	207:15,20	157:12 182:10
prescriber 163:21	292:10 293:8	presented 23:12	193:10,11 195:15
prescribes 280:12	294:15,15 296:5	47:10 50:20 56:15	203:9,14,18
prescribing 79:19	297:6 299:16,19	171:2 206:23	204:16 257:5
88:4 194:24	300:9,16,18 301:5	228:18 328:21	319:2 325:11
278:17 279:16	301:9,16,21 302:3		

[probably - punch]

Page 45

probably 20:12 24:9 25:12 40:6 40:11 41:11,16 86:24 113:25 123:4 128:12 169:20 173:13,20 177:20 178:25 179:7 181:2 188:18,21 195:13 203:23 220:10,11 226:7 231:16 243:22 267:16 276:8,16 296:11 297:24 304:15 307:13 309:4 315:20 321:8 330:20,21 339:17 probate 257:15 probation 132:14 probationary 133:9,11,14,16,20 133:23 probing 96:2 problem 18:8 58:17 64:9 104:4 117:2,6 126:12,21 243:11 244:25 245:1 246:5,25 262:4 318:12,13 328:17 problematic 335:17 problems 240:21 268:4 319:23 322:3 procedural 190:19 procedure 15:2 82:15 151:13 153:7 154:6 159:24 212:6 332:25 344:7	348:5 349:5 procedures 130:22 149:2 151:18 165:4 proceed 333:3 process 17:2 29:22 30:2 35:23 36:15 36:21 39:2 42:9 48:24 49:3 58:15 74:7,23 118:10 129:11 149:4 158:8 163:24 199:1,1 249:1,13 262:6,10 264:23 272:17 276:2 286:10 332:19 335:19 processing 245:2 produce 156:24 produced 119:14 206:8 264:3 product 202:10 production 169:6 233:14 347:15,17 347:22 products 73:22 280:4 professional 48:11 49:21 59:9 109:1 professionals 61:12,24 106:6 197:15 profile 33:20 266:7 program 48:18 49:14 50:3 130:5 130:14 250:6 programs 249:19 338:20 progress 113:22	progression 337:21 project 234:9 276:7 pronounced 217:25 pronouncement 155:11 pronouncements 72:25 proper 60:10 213:20 properly 132:11 property 35:3 148:4,9 149:3,4 257:9,13,18 272:9 273:8 275:22 protect 332:20 protective 332:12 protocol 42:6 82:16 90:20 92:13 100:17 154:23 160:23 165:16 190:16 193:13 212:23 251:7 255:23 256:20 257:12 302:18 304:9 332:18 protocols 22:15,16 22:19,22 40:10 160:15 191:23 255:8 291:24 292:2 prove 341:3 provide 15:21 19:2 27:8 35:7 73:13 82:12 83:4 83:15 108:18 130:14 191:23 234:19 245:3 252:10 279:21	334:14 provided 15:1 84:21 85:2 97:19 145:23 235:13 259:12 279:24 provider 92:20 167:2 providers 70:7 provides 49:15 179:4 providing 82:16 85:11 89:3 pry 261:20 psychiatric 306:19 psychiatry 59:23 psychology 59:20 public 31:4 50:4 58:8 60:1 65:7 83:10 87:12,14 89:4 108:4,18 157:7 166:5,17 236:25 259:8 280:25 282:10 333:6,9 345:6 346:12 348:10,18 349:15,23 350:23 published 107:19 107:21 publishes 64:24 puerto 125:1 126:8,9 pull 58:6 156:12 203:3 205:12 237:23 291:9 296:13 310:13 pulled 209:4 239:16 322:19 pulling 227:14 punch 139:14 140:12 155:15 156:18 237:21
---	---	---	--

<p>purchased 179:15 326:21</p> <p>purdue 1:10 2:17 2:17,18 14:1 261:7 342:20</p> <p>purdue's 343:2</p> <p>pure 109:14,17 111:12 113:13</p> <p>purge 263:24 264:1,2,5</p> <p>purged 30:19 264:12,14,18,21 342:22 343:14</p> <p>purging 264:23 265:2 343:3</p> <p>purpose 291:3,22 332:1</p> <p>purposes 77:19 118:6 120:12 168:24 186:18 202:1,4 206:1 229:5 233:9 236:5 241:22 244:8 248:2 250:17 254:13 258:19 259:24 286:12 289:9,15 295:5,11 305:10 332:24 333:19</p> <p>pursuant 332:12 344:3,6</p> <p>pursued 47:19,25</p> <p>pursuing 44:1</p> <p>pushed 188:21</p> <p>pushing 271:21</p> <p>put 19:5 34:14 82:22 103:13 106:4 115:6 153:12 157:21 173:12,18,23 193:7,12,19</p>	<p>202:12 204:22 207:13,14,24 212:9 223:3 232:12 236:9 238:5 243:20 245:16 249:20 264:6 265:10,14 282:13 287:19 303:22 310:14,15 311:2,6,8 334:11</p> <p>puts 239:23 253:8</p> <p>putting 101:21 105:14,14 108:22 137:10 163:9 172:5,17 173:8</p>	<p>242:4 243:24 246:8 285:1 288:23 300:12 303:15 304:14 310:17 319:5 320:5 336:22 339:12,21 341:16</p> <p>questioning 103:21</p> <p>questions 15:10 18:13,19 28:20 79:17 96:2,13 97:12 101:18 111:3 116:20 132:23 143:19 156:19 170:12 238:2 244:18 247:6 251:10 259:7 260:23 261:10,12 284:1,9 289:24 290:2 304:18 315:14 333:24 335:22 336:4 337:2,24 338:23 339:7 340:14 342:12,18 342:21 343:2,18</p> <p>quick 55:3 84:14 125:25 167:9 218:7 227:23</p> <p>quickly 262:19 334:21</p> <p>quit 129:9</p> <p>quits 129:17</p> <p>quote 188:9 225:15 316:1</p> <p>quoted 187:11</p>	<p>raise 62:2 257:18</p> <p>raised 95:9</p> <p>ran 88:5 189:23</p> <p>range 64:22 124:5 177:2,4 319:4</p> <p>ranjan 2:9 13:20 13:20</p> <p>rare 68:3</p> <p>rarely 67:19</p> <p>rate 125:6,8 234:7 234:21</p> <p>rationale 334:19</p> <p>ray 47:5</p> <p>rays 213:4 298:18 298:19,22</p> <p>rc 230:4</p> <p>reach 270:10 271:3</p> <p>reachable 308:3</p> <p>reached 108:25 232:15,20,24 281:10</p> <p>reaches 317:19</p> <p>reaction 24:15,23 90:15 193:24 194:1,4</p> <p>read 59:4 66:1 82:7 86:11 170:23 170:25 174:13,16 175:3,21 177:17 179:17 180:1 187:18 188:7 235:3 237:14 239:5 245:8,9,19 266:17 334:23 335:20 337:3 338:13,21 348:5,6 348:12 349:5,6,17</p> <p>reading 86:6 224:8 347:19</p>
	<p>q</p> <p>quadrupled 181:12</p> <p>qualified 345:8</p> <p>quantities 114:10</p> <p>quantity 95:2 99:10 189:7 297:1</p> <p>queries 240:23</p> <p>query 156:12 241:6 245:11,17</p> <p>question 16:19 17:7,18 19:2,4,8 21:17 28:16 29:17 31:9 36:25 58:14 71:22 95:9 96:6 100:10 103:20 105:3,15 106:8 111:18,19 113:6 119:11,23 120:2 124:2,16 136:10 160:3 167:18 176:19 182:21 185:17 194:15 200:24 202:6 206:19 208:4,6 210:1,8 232:11</p>	<p>r</p> <p>r 3:14 63:1,1</p> <p>radiology 47:4,6</p>	

ready 124:18 135:10 real 84:14 167:9 169:23 342:11 reality 211:1 realize 180:8 279:14 realized 126:1 really 21:19 58:13 65:6 115:18 143:15 182:18 226:6 271:21 285:14 289:25 307:19 317:23,25 321:13 322:4 325:7 rearview 115:7 reask 31:9 61:16 146:22 reason 17:3 19:3 134:6 135:13 137:22 159:11 204:5 268:4 293:22 304:14 347:14 349:8 350:3 reasons 124:15 127:6 326:25 recall 20:7,9,11,18 22:23 23:7 27:22 27:24 32:3,15,17 40:18,22 41:1,2 47:11 52:13,14,15 53:3,9,12 54:11 55:24 56:16 76:19 84:4,8,11,18,20 85:3,4 86:2,19 87:24,25 88:3,14 88:18 97:21 98:25 123:10 141:8 159:5 165:13,19	172:4 176:13 182:24 185:1 187:14 189:14 193:16 208:19 217:10 222:14 223:25 241:8 245:21 248:21 256:23 264:22 274:1,23 receipt 293:18,18 347:18 receive 27:19 94:21 received 27:22 28:22 29:6 82:10 103:4 119:16 202:18 320:3 339:6 343:12,15 receiving 343:8 recertifying 45:25 recess 79:9 134:20 167:13 228:3 258:10 261:1 283:17 332:8 recitation 259:16 recognize 259:3 290:5 recollection 22:8 22:12,14,24 39:25 40:15 56:4 137:5 158:3 190:6 219:3 recommendation 94:4 recommendations 73:8 153:3 160:4 recommending 249:14 record 13:1,10 15:13 16:10 19:6 39:6 79:6,7,11 83:10 87:12,15	118:16 120:11 134:16,17 135:2 162:21 167:12,15 169:8 202:4 228:1 228:5 230:14 248:10 258:9,12 260:25 261:3 282:6 283:15,19 332:6,10 333:7,9 342:19 343:22 349:9 recorded 175:20 records 29:4 73:11 81:23,25 82:5,10 82:13,16 83:3,4,17 83:20,23 84:1,12 84:17 85:1 86:20 87:6,12,17 89:4 90:25 91:4,5,19,24 92:5,14,21 93:4,6 93:7 95:4,15,16,23 99:13,18 106:16 107:1 108:18 140:14 160:8 163:17,23 164:1,6 165:3,4 166:5,17 264:4 268:2,3,5,8 268:15,19 269:7 270:21 302:9,10 302:17 306:18 328:1,3,11,12,14 333:7 336:14,15 337:7,13,14,16 recovered 229:24 recruit 130:15 131:12 recruits 129:19 red 155:7,16,17 156:6 157:14,15 redact 332:15	reduced 345:13 reducing 113:23 reduction 236:17 refer 133:12 226:12 reference 176:22 190:2 199:17,24 211:8 238:2 319:23 347:7 348:2 349:2 referenced 66:15 102:20 187:22 255:9 256:24 332:16 345:12,17 348:11 349:15 references 256:3 referencing 66:17 171:23 referral 155:12 298:25 referrals 156:8 referred 121:15 166:9,25 referring 36:7 307:17 327:25 reflective 244:24 refresh 22:8 refreshed 22:12 22:14,20 refreshing 22:24 23:3 refused 141:9 regarding 79:19 80:12 100:1 219:3 276:20 277:22,25 344:2,10 regardless 87:5 105:11 218:9 regards 251:8 regimen 335:12
--	--	--	---

regional 46:14 341:20	remember 21:2,8 49:16 53:16,21	161:15 166:13 178:14 186:5	298:9,13,16 299:3 299:7
regular 41:15 141:21,24 142:2 143:6 163:15 203:19 214:9 234:20	81:4 85:9 112:17 124:13 137:3 152:21 153:21 159:10,15,17 161:17 184:21 214:22 215:14 216:19,21,22 217:4,22 224:8 232:8 237:16 243:7 249:23 250:5 256:13,15 257:21 276:21 285:10 315:8,8,9 316:11 319:2 336:3	226:22 237:7,19 238:11 243:5,14 262:22 268:8,11 269:24 293:25 294:2,23 296:16 300:14,19,23 301:7 302:12 315:17 324:17 326:13 339:19	represent 83:25 261:7 representations 100:22 reps 278:9 request 75:16 81:25 82:20 84:16 92:13 94:4 95:22 164:1,4 166:4 202:22 237:1 241:5 268:19 269:1 308:8,8,19 308:20,23 310:15 331:17 349:9,11
regulation 278:20 regulations 65:19 66:4,11,17 rehab 338:18 340:24 rehabs 328:20 reinforcing 336:2 related 22:9 38:5,9 52:9 54:16,18 82:10 84:22 85:5 86:15,21 106:20 108:5 245:6 338:16,16 relates 1:8 225:19 343:13 relative 22:25 23:13 182:3 281:18 346:2 relatively 175:17 245:4 relaxants 329:20 relay 160:10 release 84:2 269:2 326:2 released 83:12 259:9 331:25 relevant 29:8 197:17 relied 100:22 relief 167:22 rely 71:16 341:4 remarkable 228:17	remind 168:5 reminder 192:6 reminds 28:4 removal 76:3,4 200:9,9 removed 42:2 ren 2:14 renee 1:25 345:6 346:12 renewed 45:1 renowned 266:6 replace 126:13 274:23 replacement 129:13 report 30:9,10 38:24 62:19 64:6 81:10 82:25,25 83:7,8,9 87:13,16 94:6,15,16,21 96:1 96:2 106:4 108:5 108:5 109:2 132:10 133:19 145:17 154:23	reported 38:19 144:18 155:8 156:10 175:19 179:24 210:19,23 218:21 219:1 299:1 reporter 16:10 58:16 62:25 233:25 234:1 267:10 295:21 348:7 reporter's 118:15 345:1 reporting 8:16,18 62:18 103:15 178:17 295:2,8 296:5 319:11 reports 63:4,6,8 63:10,13,20,24 64:1,4,18 73:12 83:9,14 84:24 92:24,25 93:15 94:13 122:10 131:21 132:12 162:11 204:16 223:21 243:16 252:21,23 262:17 264:4,5 276:24 277:3,6,8,11 296:7 296:13,18 297:9	requested 86:20 87:12,14 276:19 308:25 344:1,6,10 requesting 76:20 83:19 requests 75:2,21 81:23 82:10 83:3 87:7 99:19 140:25 166:23 212:25 213:6 238:4 240:25 241:4 244:21 246:7 249:16,23 require 292:2 335:15 337:8 required 45:3 46:3 129:19 151:21 304:12 347:25 requirement 136:6 requirements 312:21 research 65:4 108:5 230:3

residence 326:2	responsibility 344:2,6 347:12	159:2 163:12
residential 15:21	131:4 337:16	164:7,17 169:4
residents 167:24	responsible 70:2	170:3,20 172:3
262:17	227:19 261:15	173:4,17 174:6
resolved 245:22	280:11	175:9 176:18
resource 27:2	restroom 283:12	177:7 182:5 184:1
76:19 261:20	result 25:22 75:24	186:24 191:11
266:12	77:11 78:6 109:1	196:25 197:14
resources 75:3,22	193:7,13,19	199:23 200:24
77:9 198:25	198:13 201:2,9,15	203:5 204:2,3,7
211:13 216:14	resulting 211:12	206:15 207:9
227:17 313:15	results 154:21	208:18,24 210:4
342:9	242:7 270:3 274:8	211:22 214:11
respect 68:13	321:21	218:20 220:1
77:24 102:5,12	retail 201:16	221:16 223:6
106:8 112:9,25	232:15 240:16	224:18 225:7,14
123:13 127:22	retain 27:20 28:23	227:9,10,21 228:9
151:21 183:10	30:17	229:13 232:1,12
198:11 199:20	retained 30:11	233:3,16 235:15
257:2 301:3 305:8	174:4	238:7,22 239:7
341:25	retaining 124:21	245:17,18 251:19
responded 238:14	126:15	253:22 254:23
243:2	retake 45:17,23	255:3,16 257:7
responder 147:11	46:6	258:22 260:19
responding 132:16	retention 29:15	266:24 269:8,18
179:9 238:20	342:24 343:5	270:6 271:5
responds 234:17	retire 125:11,12	272:11,24 277:17
242:17 245:10	retired 125:1	279:4 283:14,25
response 28:20	154:16 307:12,24	286:12 287:9
83:5 84:21 89:4	307:25	288:3,6,10,16
123:15 235:16	returned 347:18	289:18 290:9,19
237:17 239:1	revere 52:11 54:13	291:21 292:20
242:11 247:12	56:3 60:17 170:8	293:20 294:5,11
273:21 336:25	170:15 172:25	295:13 296:1
338:8	176:24 178:19	297:17 299:4,12
responses 23:25	reverses 177:15	300:1,5 303:9,11
24:5 339:6	reversing 178:19	303:12 305:9
responsibilities	review 22:4,21	307:24 308:24
23:4 33:15 34:14	23:8 118:21 119:8	309:13,16 310:6,8
131:9	119:9 266:14,18	311:13,16,24
	269:20 279:1,3	312:3 313:25

[right - scenes]

Page 50

314:13,14 315:4 315:23 316:3,18 317:11,16 318:3 318:17,25 319:4 319:10 320:25 322:18,21,22,23 325:13 326:7,15 329:24 331:2,8,9 332:2 333:13 338:11 rings 152:10,11 181:23 risks 182:8 183:14 194:12 196:9 280:3 road 147:16 robberies 180:10 180:17,23 role 40:2 53:21 74:8 81:7 95:25 105:7,16 121:21 140:20 161:25 162:4 164:23 204:18 221:12,23 223:18 232:16 247:20 249:13,16 252:17 325:18,20 341:11 room 14:12,12 18:5 150:2 191:16 265:5 319:19 340:23 rooms 178:13 209:9 239:15 240:1 ropes 2:14 ropesgray.com 2:16 rosa 120:19 124:24	rosenberg 4:4,6 14:17,17 rotate 56:22 rough 173:22,24 roughly 113:16 239:3 routinely 304:22 rpr 1:25 rule 161:2,6 ruled 85:20 157:20 312:1,7,9 rules 15:1 16:6 344:3,7 348:5 349:5 run 63:11,14 64:17 70:16 72:13 92:13,19,21,24 93:12,17,21 94:2,6 94:12,15,22,23 95:4 99:9 160:11 162:21 163:17 231:14 240:22 263:22 265:5 340:18 rundown 72:17 95:20 running 75:4,7 101:2 159:18 269:22 runs 190:7 rx 8:16,18 295:2,8	sake 150:21 312:7 salaries 74:19 139:10 205:2 salary 127:15,18 sales 278:5,16 salt 305:16 sample 331:17 samples 72:21 189:22 199:18 273:11 331:18,25 san 3:15 sandra 5:7 13:22 sat 170:8 253:3 satisfaction 245:23 saturday 142:20 273:4 saved 177:23 178:3,4 263:12 saw 24:10,14 27:17 98:3 99:5 106:10 112:6,14 149:1 161:15 183:20 184:6,10 184:16 189:18 191:15 211:6 241:14 saying 45:10 68:5 316:19 341:3 says 75:6 92:3 156:15 174:8 175:23 176:10 179:12 187:23 188:10 206:13 211:9 220:5 221:17,17 223:7 227:8 228:9,15 229:15,19,23 233:24 234:18 235:7 237:7 238:10 239:1	242:19 244:18 253:13,18 254:24 255:18 256:8,18 257:8 305:17 334:9 335:3 338:12 340:15 scanned 263:20 scenario 145:22 scene 33:9 35:18 35:19,22,23 36:11 36:12,13,19 37:13 38:6,16 41:25 42:2 52:1 67:12 69:14 70:1,11 71:10,12,16,24 72:3 73:11 92:6,9 98:12 99:16 131:5 132:15 135:25 141:18 143:8,20 145:12 146:19,24 147:18,18 148:5 148:23 151:24 155:13 160:10 163:1 190:23 191:18 197:3 213:17 215:6 222:7,25 223:1,11 226:24 231:20 263:1 267:5 272:23 273:4 279:5 291:16,16 291:20 292:3,8 293:11,21 294:15 302:6 304:7,7,23 305:5 325:4,17,19 325:21 326:1,5 scenes 34:19,24 48:23 49:11 69:22 131:1 136:3 273:12 298:6 305:15
---	--	--	---

[schaefer - september]

Page 51

schaefer 121:20 121:21	322:24 323:17	253:9,12,22 257:9	308:17 320:9
scheduled 137:18 141:4	secondhand 181:18 189:17	278:4 279:7 281:7	325:1 331:20,22
schedules 138:12	197:5 327:10	281:23,23 282:1	333:25 334:1
schmitt 233:19,21 235:16	secretaries 144:21	282:11,20,22	sees 330:7
school 43:15,16,18 44:11 50:10,17	146:12 157:17	284:15 298:10,16	selected 221:3
51:7,23 52:9	secretary 120:21	310:18 323:16,24	222:15
170:9 195:8	146:13 207:22	324:2 325:15	self 292:16
263:10 307:8	208:2,8,16 313:19	332:4 335:2	sellers 70:7 271:12
341:23	section 45:16,16	340:18	271:19
schoolers 54:15	45:23 158:16	seeing 53:24,25	selling 226:5
science 130:1	212:10 253:16	54:1,2 60:18	329:10
scope 94:10	259:6 335:1 337:3	62:16 67:22 68:5	send 70:3 146:24
195:22 196:11	338:11	109:12,13,17,22	164:3,7 199:17
screen 262:7	sections 45:15,18	109:24 110:25	202:22 238:3,10
scribble 267:9	45:20 311:22	111:2,5,9 115:16	253:7,8 269:8
scribbled 174:2 267:17	secure 151:22	189:15 190:7	270:1 274:3
script 163:21	325:21 326:5	191:3,9 195:5	341:21
seal 346:5 348:15 349:21	secured 101:14	231:9 232:8,18	sending 70:9
sealed 273:18	securing 325:18	317:22 320:6	95:22 334:15
search 63:7 156:21 297:12,13	see 16:9 17:14	seek 216:13	sends 266:24
310:16 316:15	40:12 42:3 63:24	281:11 338:2	senior 124:22
searches 92:19 162:22	64:1,4,6,18 67:19	seeking 189:2	266:25
searching 126:17	68:3,8,14 69:9,19	226:9	seniority 124:11
seat 210:18,18	72:9 93:3,7,12	seen 23:18,24 63:4	139:2,3
second 20:17,24 21:3,12 33:11	110:1 112:8	63:10,13 64:10	sense 188:10 189:2
45:17 131:7 137:7	113:14 155:22	67:6,9 68:21	192:2,3 198:24
174:7 176:8,9	163:8,17,19	69:12,23 78:12	225:20
180:18 187:22	174:11 176:11	102:6 104:10	sensed 113:4
208:19 211:10	182:15 187:4,9	110:11,13 111:16	sent 40:11 203:10
220:1 229:23	188:11 190:24	113:9 114:6,10	237:8 315:21
237:12 242:13	203:20,23,25	115:24 119:7	sentence 179:3
252:10 317:24	204:5,20 209:1,11	161:10 162:18	180:18 211:10
	211:15 213:14	169:12 183:24	sentences 171:25
	220:6 229:13,13	185:2,17,21,25	separate 74:14
	229:16,20 230:11	186:4 202:8	107:6 155:19
	230:20 231:6,11	206:20 231:13	158:20 214:19
	231:19 234:2,15	232:5 234:22	332:22
	234:20 235:1,9	239:9 254:16	separately 29:1
	236:18 242:15	260:8 265:15	183:6
	244:10 252:9	280:6 282:16	september 7:12,24
		296:17,18 304:15	201:23 202:15

221:19 247:24 248:6 322:17,22 serve 291:22 served 27:13 service 4:2 49:15 76:3,4 services 74:21 338:19 session 23:16 135:5 set 49:25 50:24 56:18 144:17 170:24 176:1 212:3 241:1 245:12 246:6 346:4 setting 110:5 196:3 249:19 seven 122:16 137:19 230:8 277:5,5 307:14,15 shaking 329:23 shapes 70:24 shapira 4:3 14:18 shapira.com 4:6 shapiro 267:1 shapland 3:5 14:14,14 share 27:11 sharing 58:6 178:18 sharp 237:12 sharpie 332:14 she'll 253:7,8 sheet 293:3 309:4 347:13 349:7,10 349:18 350:1 sheriff's 145:14,18 229:24 shift 129:18 130:18 131:13	135:23 136:2,3,21 138:4,5,5,6,8,11 138:13,13,14,15 138:16,18,18,25 139:6,11,14 140:8 140:9 141:14 142:5,7,9,20,20 144:21 270:8,15 shifted 124:16 287:23 shifting 277:15 shifts 136:6,11,12 136:13,16,23 137:6,14,18,25 138:10 139:4,8,12 141:6 shipment 114:3 shipments 62:2 shipped 61:6 shooting 223:8 224:12 shop 250:7 short 57:16,17 113:6 122:24 123:10,17,23 132:2 163:4 211:20 212:10 261:1 313:3,5,8 332:4 shot 35:21 321:22 321:23 show 48:22 129:20 176:25 209:17 226:21 247:17 254:7 257:25 260:2 324:22 333:14 showed 140:8 208:22 showing 227:13	shown 210:7 257:3 347:16 shows 155:14 156:8 178:9 208:25 210:14 214:18 225:11 296:19 shred 264:5 shredded 342:22 343:14 shredding 264:8 343:3 shut 224:11 shying 113:4 siblings 197:7 sic 84:11 165:2 343:2 sick 92:4 125:12 137:17 141:3,4 side 32:15 76:22 160:23 251:21,22 268:5 sides 265:11 sign 45:9 133:18 133:19 243:19 251:7 253:5 273:10 signature 344:5 346:11 347:14 signed 84:2 109:13 127:17 150:3 238:15 312:21 348:13 349:18 signing 251:8 347:19 signs 150:4 similar 225:23 sincerely 347:21 sir 15:7,20 16:16 19:9,13,17 26:10 29:9,12 49:20	68:17 136:17 198:8 236:19 248:7 287:3 291:23 307:18 338:10 347:10 sister 215:15 221:18 sit 34:20 45:5,12 262:6 319:18,20 site 92:18 142:18 sitting 23:7 25:3 40:14 80:23 84:8 88:18 90:3 137:4 200:2 204:8 210:17 217:7 222:14 324:14 situation 39:8 71:15 90:14 93:9 105:2 143:24 148:2,7,12,17,21 161:13 163:9 165:13 195:18 282:4 304:10 situational 230:9 situations 102:22 166:2 232:2 335:17 six 56:13 128:15 129:17 133:7 150:2,5 151:4 268:12,12 307:15 skzerrusen 5:9 slide 206:13 207:19 208:19,24 209:17 211:9 214:14,15 218:22 219:2,21 222:2,3,9 223:7,10 225:8,10 225:14 227:7 322:12 323:23 324:2
--	--	--	--

[slides - statement]

Page 53

slides 57:7,19,22 57:25 207:15,18 207:25 208:9,11 214:12 225:4 slight 317:22 slightly 175:18 316:10,11 slim 125:8 slimmed 303:21 slip 140:10 slowed 50:8 small 189:7 225:11 257:16 267:11 smile 238:24 smith 164:6 snorted 185:24 soft 315:16 software 120:22 sold 329:3 330:12 solutions 3:3 347:1 350:1 somebody 48:25 53:7 105:9 123:3 125:10,11 126:14 127:19 128:18 129:17,17 159:12 213:1 266:25 270:25 276:6 293:21 305:17 308:5 323:3 325:4 somebody's 326:22 somewhat 151:23 son 104:2 176:10 181:21 sons 91:2 soon 177:13 sooner 312:24,25 sorry 54:10 93:23 121:4 122:18	133:2 139:25 150:20 155:22 171:8 205:18 209:19 322:9 336:9 341:16 sort 292:20 325:22 343:3 sorted 332:22 sounds 24:22 147:19 source 92:19 156:3 172:4 179:20 180:12 sourced 240:3,9 240:15 sources 93:12 303:2 south 2:5 3:6 5:7 261:21 space 263:23,24 speak 16:14,14,18 16:22 19:14 56:24 77:21 126:6 128:20 271:3 speakers 46:14 56:22 special 74:18 specialized 43:15 44:12 80:2 specialty 88:5 specific 21:24 66:16 75:19 76:13 88:16 96:3 97:20 98:24 179:4 189:25 193:18 195:16,18 197:14 201:1,8,13 207:10 218:17 231:25 289:24 specifically 55:5 75:23 177:7	193:13 195:2 247:1 276:10 specifics 30:23 74:22 specified 345:20 spell 236:15 spend 212:1 spent 305:25 spike 64:15 189:18 200:12,13 spikes 62:16 spits 243:12 spitz 266:6 spoke 262:11 spoken 50:14 315:16 spoons 67:21,25 68:10 sports 173:15 spouse 327:12 spread 138:7 springfield 43:7 44:7,8 ss 345:3 st 46:16,20 stab 208:13 stabbed 35:21 staff 34:1 122:14 122:21 269:5 staffed 122:24 123:10 124:9 132:2 145:1 212:10,14 313:12 313:21 314:2 staffing 126:11 135:17 211:11,17 stage 330:15 stamp 7:18 233:7 stand 125:17 standard 99:18 131:12 297:12	standpoint 67:22 132:10 165:8 191:13 196:14,19 198:22 216:1 272:15 342:2 stands 115:12,17 162:11 stark 16:1,2 start 76:17 100:10 115:19 116:2 123:14 152:15 298:20 321:13 324:22 started 32:18 40:23 43:20 62:16 115:16 125:9 138:17 154:4 182:18 193:2 195:7,9,12,14,17 217:21 271:21 307:5,19 317:22 317:25 325:7 334:10 341:22 starting 25:17 54:4 109:8 112:6 126:24 334:15 starts 206:4 287:24 state 13:9 15:12 43:4,6 46:12 81:23,24 82:23 84:6 86:4,24 125:19 175:19,23 231:15,16 234:1 328:14 345:2,7 346:13 348:10 349:15 statement 39:6 177:19 195:19 348:13,14 349:19 349:19
--	--	---	--

[statements - suggestions]

Page 54

statements 106:3 107:2 108:1 281:1 states 1:1 13:7 108:25 162:22 163:6 179:14 statewide 176:2 station 143:11 234:1 statistic 188:14 statistics 64:23 65:13 73:17 155:14 156:4,13 156:15,24 157:1,8 157:25 159:7 177:9 188:21 203:3 208:18 240:22 310:24 319:1 stats 53:24 65:2 155:14,18,24 158:5,6 171:10 173:6 182:11 184:6 200:23 202:21 316:14 statues 214:12 stay 46:7 115:9 127:25 212:22 stayed 140:8 staying 212:12 steady 318:11 steal 151:8 stenotypy 345:13 step 79:24,25 stephen 244:11,12 244:19 steps 82:18 90:17 90:21,23 sterbenz 63:11 73:9 85:7 91:7 94:5 97:7 98:9 107:16 160:13	161:16 252:20,25 269:18 276:13,18 296:9,11 334:9 steve 172:8 188:24 229:10 231:11,13 231:13 243:23,24 261:21 314:19 319:20 342:3 stick 49:1 88:23 126:13,20 sticker 118:15 stickered 118:17 stickler 252:20 stigma 104:3 160:16 stole 181:21 stolen 101:14 stomach 110:10 stop 265:1 stops 77:3 storage 30:21 150:1 151:14 255:20 256:9,19 256:20 257:8,12 263:23 stored 263:21 stories 225:24 303:16 story 108:16,19 195:20 226:3 304:4 stow 132:15 straight 129:24 246:16 strain 198:25 211:12 strangely 341:16 stream 2:13 3:4,18 4:3 street 1:21 3:15,19 4:5,9 5:7 171:25	173:3 streets 181:8,12 188:6 289:3 299:25 300:3 stress 125:21 216:11 stressful 216:3,8 stretched 211:13 strictly 219:15,16 strike 103:15 124:15 248:13 297:21 317:13 string 7:14,16,17 7:19,20,22 8:5,20 205:23 229:4 233:7 236:3 241:20 244:6 254:11 333:17 stronger 230:8 structure 121:2 122:4 struggling 245:5 stuck 82:25 students 50:10,16 50:17,18 51:24 52:9,12 172:25 176:23 178:18 267:2 studied 66:8 stuff 49:11 70:9 141:6 142:12 150:14 154:4 157:23 169:23 173:5 191:20 197:5 226:5 251:7 321:10 327:15 334:2 336:17,19 styles 277:6 subcategories 220:11	subject 229:15,16 234:7 242:3 254:24 255:1 subordinates 27:4 subpoena 84:3 subscribed 348:10 349:14 350:21 subsection 252:6 subsequently 248:14 substance 59:10 59:17 71:23 103:19 106:13 113:8 116:9 165:25 191:1 196:4 219:7 223:3 229:14 230:2 231:25 232:6 287:2 301:12,22 302:3 328:8,17 substances 60:14 70:1,19 104:15 107:13 111:16 114:7 186:2 198:2 232:3,3 326:8,11 330:7 subtitles 74:18 suburbs 127:9 sudden 64:6 198:19 200:21 213:7 sued 117:8 suffer 306:11 sufficiency 60:7 279:21 suggest 285:20 suggested 106:11 suggesting 304:20 305:9 suggestions 152:22 160:4
---	--	--	--

suicide 159:25 160:5,16,17,24 161:2,4,16 suicides 159:12,13 159:19,21,22 180:14 suit 117:10,13 suite 2:10 3:10 4:14 5:8 347:2 suites 55:4 212:18 summarizing 235:16 summit 1:9 2:2 7:5 7:6,9,13,15,18,19 7:21,22,25 8:4,6,8 8:8,10,11,13,14,15 8:17,19,21 13:11 13:14 15:17,25 19:19 23:18,25 25:17 26:1,24 32:4 41:19 48:14 49:22,25 59:2 65:15 66:23 72:25 79:20 85:19 87:20 93:16 99:25 100:1 100:6,12,17,22 101:5,10,23 105:18 106:10 109:6 111:20,23 112:1,4,20 113:9 113:21 114:8,11 114:17,23 116:4,9 118:2,5 122:9 127:13 144:13 146:25 163:16 167:24 168:23 169:6,9 174:9,20 178:7 182:2 184:16 187:23 188:3,14 189:14 193:23 201:25	205:25 206:5,7,11 209:6 210:9,12 213:20 214:5 222:5 225:22 232:17,21 233:1,8 233:12 234:7,11 236:4,11 239:16 241:21,24 244:3,7 244:12 248:1 250:16,20 254:3 254:12,16 255:18 258:16,18,25 259:1,22,23 260:5 260:6 261:19 276:8 278:17 281:13 289:8,12 289:14 292:2 295:4,10 328:6 333:18 341:10,13 341:14 342:25 superior 347:1 supervisor 41:11 121:17 122:6 142:11 270:19 307:7 321:9 supper 284:3 supplier 331:6,7 supplies 74:19 75:7 76:11,14 77:10 205:2 supply 3:8 14:4 62:2 76:19 77:12 198:9,21 supposed 146:1 188:1 212:7 292:19 sure 18:24 26:16 31:24,25 32:20 33:13 36:4 37:6 39:14 51:13 56:23 66:1 74:20 77:12	77:14 81:4 85:25 87:2,17 88:20 89:2 94:1 103:10 106:19 121:23 131:25 133:7 139:20,21 154:5,8 160:10,21 162:25 163:6 164:6,25 171:20 172:7 174:1 176:15 183:3,9,25 186:11 187:16 191:18,19 197:23 200:18,25 202:20 204:25 205:2,4 210:22 215:22 217:18 219:20 220:25 225:3 228:22 230:18 243:22 244:19 247:8,9,10 247:19 253:3 254:6 258:3 269:8 270:25 272:8 273:9 276:1 284:10 306:2 310:18 314:18 323:11 325:6,20 330:23 336:16 342:3 surgeon 97:9 108:25 262:19 surgeon's 278:9 surgeries 97:6 117:1 surgery 262:19 surrounding 162:22 163:6 survivors 327:11 suspected 37:10 37:16 147:7 304:21 331:14	335:7 suspicion 36:19 72:6,18 292:6 suspicious 93:19 sweeps 151:2 swim 224:5 swing 138:16 swipe 139:17 switch 182:18 switched 183:22 switching 58:19 86:1 116:17 117:18 147:24 167:17 sworn 15:2 345:10 348:10,13 349:14 349:18 350:21 symptoms 191:17 191:18 synthesizing 107:7 synthetic 228:10 synthetics 191:10 199:21 syringe 273:1 syringes 67:21,24 68:9 150:13 282:18 system 8:17,19 30:22 45:7 63:5,8 72:11 83:3 139:16 139:18 140:5,7,22 150:1 153:20 154:10,19 155:21 155:25 158:25 162:12 219:19 247:4 249:2,3,5,7 249:22 250:9,10 265:7,8 275:1,7,10 275:17,21 276:4 282:24 291:11 295:2,8 296:5,13
--	---	---	---

[system - terms]

Page 56

312:6	299:2 305:10	38:13,22 51:19	172:22,24 176:16
t	345:19	54:14 61:2 65:18	191:1,2 197:7
tab 121:15	takes 30:3 84:3	66:25 99:8 102:15	204:3 215:24
table 7:23 8:3	114:2 128:12	102:20,21 103:23	218:4 222:7
247:23 250:13	131:23 215:20,25	109:11 127:24	236:21 237:20
319:19	266:25 298:25	129:16 135:17	239:11 255:11
tablets 212:16	311:4	170:24 177:5	256:6 269:21
take 13:3 16:11	talk 19:22 36:13	180:19,20,22	289:21 293:6
17:8 34:24 35:23	36:21 39:19 46:15	181:20 182:20	296:2 300:14,18
36:15 38:21 43:24	51:23 55:1 74:24	200:13 207:5	303:9 315:14
45:25 47:20 48:24	82:2 93:24 95:13	215:20 216:4,5,5	339:24 341:4
51:1 69:9 70:13	95:17 103:24	216:12 226:1	tells 92:10 328:4
75:7 78:21,22	105:1 119:1	265:16 279:9	ten 47:3 63:17
79:24 90:17,20,23	132:19 139:25	299:23 310:16,20	68:2 128:3 139:19
99:7 106:3 119:7	164:5 177:3	319:11 327:11	151:24 152:13
119:24 129:10	197:25 207:18	328:14	182:13 221:1
130:24 134:14,15	209:20 215:13	talks 50:9 51:10	264:20
135:23 137:17	221:2 232:16	213:11 225:6	tenure 106:9
143:9 149:24	269:25 272:8	231:14 252:8	115:23 123:10
152:12 167:8	284:5 302:23	292:17 317:16	204:19
185:14,15 206:19	305:24 311:2	326:13	term 133:12
216:9 224:19	319:20,21	tannish 190:24	279:15 286:15
226:21,24 227:4	talked 50:16 52:8	task 49:24 205:11	327:22
227:23 236:12	108:12 147:25	206:13	terminology 32:11
238:4 244:1	159:1 162:7	taught 46:25	131:19 284:6,10
245:15 255:13	163:25 171:20	technical 43:5	286:13 328:13
267:7,8,10,11	172:7 177:10	44:3 249:8 287:20	terms 20:3 22:11
268:18 270:5	188:24,25 189:13	technically 144:24	23:6 28:5 30:23
272:25 273:1	193:10 194:6	270:19 313:20,23	31:2 37:9 38:15
275:23 278:15	198:10 206:22	techs 47:5	43:2 45:24 54:12
279:20 283:9,13	211:18 231:3	teen 223:8	54:21 55:7,21,25
284:2 291:6	247:18 253:24	teenagers 64:10	56:2,10 57:22
293:15 305:15	254:3 257:15	telephone 3:4,13	58:20 60:16,22
308:8 312:10	274:21 287:5	3:18 4:3 34:25	61:15,20,23 62:24
315:7 324:13	305:2 307:10	135:24 304:18,19	65:12 66:14,19,20
331:18 332:3	310:23 314:22	tell 25:10 37:7	67:6 68:18,21
taken 1:19 16:3	315:24 319:14	39:16 67:9 69:25	71:17 72:24 74:6
131:17 134:20	324:18 326:10	76:1 82:3 98:13	74:22 75:2,15,21
148:18 171:9	330:25 343:7	98:15 110:16	76:13 77:1,8 80:6
267:6 273:18	talking 29:15	120:13 145:19	80:7,11 81:6
281:3 292:19	35:18 36:18,20	146:4 158:6	83:17 86:2 88:16

93:15 94:8 99:1,8 99:24 101:21 102:16 103:8 114:5 120:3 123:11 126:10 133:11 136:5,7,9 138:1,8 140:20 141:11 144:9 147:24 149:6 154:9,10 159:20 159:24 160:15 161:20 163:25 165:24 170:15 172:5,17 173:2,7 174:21 175:25 184:6 186:25 188:14 189:25 191:22 195:16 196:7,18,21 197:14,19,24 198:9,23,24 199:10 208:8 212:6 213:10 214:7 216:11,16 217:11 218:17 220:13 237:18 240:19,21 243:6 243:12 246:3 247:3 249:9 255:8 255:23 287:20 288:14 328:7,9 337:11,23 342:7 test 46:22 71:12,19 189:23 199:13,15 274:10 331:3 testified 25:8,14 25:21,23,25 26:11 284:8 317:14 330:13 testify 17:22 26:9 288:4 345:10	testimony 261:14 271:11 273:22 274:1 309:14 321:1 345:12,16 348:6,7 349:6,9,12 testing 70:9 72:7 72:20,21 149:7 191:2 205:3 274:5 274:7 331:15,19 331:22 tests 70:10,16 189:25 269:19 text 227:2,6 textbooks 266:1,2 thank 51:22 122:19 260:23 283:8 342:12,16 343:18 thanks 238:10,25 242:10 theory 239:18 thing 90:11 121:16 165:16 224:13,25 292:20 298:14 324:11 325:22 things 16:13 25:22 28:6,7 45:11 47:22 68:13 77:20 104:5 105:2 109:8 109:12 119:13 131:2 132:11 150:21 153:13 154:11 168:10 195:12 203:20 216:9 237:3 251:24 254:7 259:6,7 269:24 288:4,19 304:15 309:15 333:3 think 14:23 24:17 28:19,19 45:14	49:9 53:6,23 60:19 64:17 65:20 68:22 86:7,13 95:2 98:1 107:16 108:12 109:8 112:6,14 113:10 113:13,20 114:9 114:11,14,20 119:10 127:18 143:23 153:22 154:2 157:6 159:19 160:1 170:25 179:19 186:7 189:10 192:14 197:22 204:2,5,19,25 205:10 212:2 214:1,2 223:1 224:3,22 227:5 239:20 243:17 244:13 249:11 251:6 257:14 271:16,18,21 274:6 285:1,3 296:9 297:10 304:3 307:12 309:11 310:6,20 315:7,18 316:7,10 317:22 320:15 321:1 324:25 330:13,25 332:2,3 336:2 thinking 284:15 third 20:22 21:12 131:7 174:8 thirty 347:18 thoracotomy 97:11 thought 90:21 126:2 152:16 194:18 228:11	242:21 286:10 315:18 thousand 257:19 three 20:6 22:4 23:6,8 41:11 42:19 47:3 49:7 49:19 111:16 115:3 123:4,25,25 124:1,6 128:9,11 128:13 129:14 131:11 136:3,12 136:16,23 137:6 173:19 206:16 212:2 214:19 215:8 229:8 236:8 237:9 243:4 261:22 284:2 307:13 315:1 318:7 340:17,19 341:22 threshold 161:5 throwing 181:10 thumb 202:7 thursday 138:20 138:21,22 143:7 tick 54:4 tied 226:20 time 16:18 21:24 24:7,17 25:25 26:5,9 29:5,6,16 29:18 32:3,15 33:16 34:1,16 37:17 40:1 41:18 42:20 43:6 44:2 45:22 52:20 53:25 54:3 56:25 57:11 64:19 65:9 66:12 66:22 68:6,9 70:15 78:1,24 79:1,2 81:14 88:6 88:7 89:20,23
---	---	--	--

[time - training]

Page 58

105:17 108:9	timeline 170:13	235:19 286:13	toxicologist 70:16
116:10 119:7,11	times 19:1 20:4,6	308:15	71:1,21 72:9
119:25,25 121:24	25:10,12,23 26:18	today's 13:2	109:12 111:4
124:13,23 126:5	28:14 30:21 37:5	114:15	112:16 172:8
126:12 127:7,20	37:14 54:13,25	toddler 210:17	189:6 231:24
127:23 128:7	56:8 57:20 63:16	220:25	toxicologists 149:9
129:4,11,16 131:3	63:17 64:17 90:8	told 39:3 62:22	231:18
131:17 132:1,18	95:10,13,16 97:4	115:11 151:12	toxicology 48:4
134:7 135:3,11	122:25 132:5	165:9,14 196:8	70:3 83:9 87:16
137:17 138:18	136:1 142:19	224:9 285:9	149:6 190:15
140:2,14 141:23	143:13 145:9	tolerance 335:16	242:7,9,21,22,24
147:5,16,17 152:1	151:19 152:7	337:9,18,21	269:19,25 274:4
153:7,22,24 154:1	179:23,25 192:22	toll 215:20,25	312:5 342:4
155:10,10 159:6	195:9 214:20	224:19,22	track 118:15
159:18 163:4	216:8 225:25	tom 306:1	139:15 148:23
165:5 166:24	226:15,17,19,20	top 211:9 222:19	179:1 204:2 209:9
173:16 182:7	226:25 230:8	222:21 229:9	250:7,8 251:6
184:8 189:23,24	240:20 247:12	233:18 235:9	275:21,21 308:19
190:14 192:18,19	268:14 272:4	242:13 252:5	332:22 340:25
193:11 197:2	273:13 274:6	255:15 311:6	tracked 140:6
204:14 210:23	281:17 282:7	320:8	250:9
211:10,21 217:22	293:14 297:19	topic 22:23 39:24	tracking 200:25
235:22 236:9	299:14,24 300:6	46:11 51:24	249:12
240:2,8,14 245:16	313:18 318:20	topics 22:8,11,13	tracks 177:21
246:1 247:10,12	timing 30:24	46:15 117:18	tracy 7:7 168:20
260:20 262:25	56:11 126:10	319:23	traffic 37:25
263:25 264:8,13	207:6	torok 5:11	217:15 262:24
264:22 270:4	tiny 251:15	total 174:10 176:2	train 129:14
271:7 272:23	title 34:15 248:5	314:18 316:19	130:11
278:10 281:20	255:9	323:16	trained 123:3
287:23 290:21	titled 7:10 186:15	totals 175:18	125:15 127:25
293:17 304:10	206:11	totem 139:7	192:15
305:25 306:6	today 15:11 16:7	touch 70:8,10	training 31:4,19
307:2 309:17,19	17:23 18:10 23:7	145:15 331:1	31:23 34:6 43:15
316:6,18 320:1	25:3 27:19 32:24	tough 218:10	43:18 47:6 48:2
321:16 322:4	40:14 68:14 80:23	tour 55:3	59:10,19 124:18
325:8,24 334:6	84:8 90:3 109:13	tower 5:4	128:17 129:4,5,20
335:16 338:1	109:18 114:1,21	tox 154:21 186:4	130:5,14,19,20
343:19 345:19	129:9 137:4 150:4	243:4,14,16	161:20 162:3
timecard 139:14	193:17 200:2	314:19	313:25
	204:8 217:7		

[tranquilizer - understanding]

Page 59

tranquilizer 188:2	true 110:16 116:8	138:14 143:6	u
transcribed	177:19 178:5	150:22,23 152:18	u 229:15 230:4,6,7
267:15,20 345:14	189:5 288:18	159:9 161:5	230:25 231:5
348:7	345:15	169:11 173:14,21	236:16
transcript 6:1	truth 345:10,10,11	181:1 185:15	u47700 228:15
20:1 39:3 333:4	truthful 305:14	210:15,20 215:7	uh 16:12 310:25
344:2,6,9,11	try 16:13,24 17:7	222:13 225:4	ukraine 179:16
347:11,12 348:5	17:13 21:18 50:11	229:8 239:21	ultimate 341:7
348:12 349:5,11	58:15 61:15 92:19	252:18 257:24	ultimately 160:12
349:17	227:25 231:22	261:25 268:7	unable 199:15
transcription	331:5 340:24	270:17 284:2	270:10
345:16	trying 28:15	296:2 307:12,12	unavailable
transfer 145:13	110:14 111:10	311:22 315:1	261:24
147:12 150:9	132:22 195:23	type 30:9 37:19,22	unclaimed 148:9
267:12	196:19,23 227:15	55:13 63:25 64:2	149:3
transitioning	271:8 285:19	91:22 95:24 142:6	uncomfortable
134:7	310:11 315:14	142:12 144:3	135:14
transmit 238:6	tucker 4:12 14:5	150:14 182:12	uncommon 67:11
transmits 202:16	tuckerellis.com	246:21 282:25	undercover 25:19
235:7	4:15	283:6 293:18	42:15,17,20
transmittal 206:6	tuesday 138:19	307:9 326:6 336:3	underneath
transmitting	turn 150:6 186:22	338:3,13 339:12	147:20
169:18	251:14 252:2	typed 30:10	understaffed
traumatic 142:6	253:11,17 272:16	169:20 263:13	124:8,14,20
travel 127:7	273:11 276:3	types 16:10 35:12	understand 17:17
treat 105:24	324:15	37:20,24 46:10	36:25 38:25 42:9
treated 91:23	turned 140:9	50:15 68:8 82:16	87:4 89:19 96:6
178:10,12 183:6	269:16	156:20 194:6	110:13 197:25
209:10,18,24	turnover 125:6,8	226:9 290:12	247:20 248:5
239:14,25 295:19	126:4	291:8 300:6	249:9 284:10
333:9 340:22	turns 242:25	334:12,13 335:6	285:24,25 287:11
treating 88:1	tv 233:25 278:4	335:22	288:3,23,24
treatment 110:4	twelfth 4:9	typewriter 154:5	303:23 308:10
338:15	twice 151:1	typical 135:18	331:24 332:17
trick 119:23	two 20:6,25 21:4,6	136:8 137:9 142:2	334:19
341:16	23:10 45:17 55:15	181:9 267:22	understanding
tried 95:3 119:13	55:16,22 56:6,14	273:14	59:1 94:14 161:24
198:12	81:3 86:22 88:18	typically 157:9	165:20 260:17
triggered 137:23	88:21 98:20 104:5	194:16 203:20	275:15 285:21
trouble 118:18	114:10 115:9		296:15 313:24
124:20	129:12 136:2		333:6

understood 55:6 89:17 90:13 105:13 148:15 182:8 183:14 184:3 189:21 194:12,18 undertake 339:25 undertaken 279:1 undetermined 161:7 unfortunately 245:11 unh 16:12 unhappy 276:23 unhs 16:12 uniform 277:7 union 139:1 unique 143:14 303:20 304:4,10 unit 47:1 73:25 74:11,14 75:3,23 77:17,21 122:4 123:11 133:18 141:12 147:13 148:3 190:20 204:4,15 230:7 342:8 united 1:1 13:7 108:24 179:14 university 43:22 unrelated 21:24 55:18 unresponsive 210:16 unused 223:4 unusual 159:20 324:6 updated 158:9 248:25 updates 190:19	upper 187:1 206:15 ups 39:22 82:7 133:17 305:23 340:4 uptick 54:1,2 111:22 112:8 115:17 159:22 317:23 upticked 322:2 urine 72:8 use 57:2,4 58:5 60:10 64:20 68:16 69:14 71:23 76:16 94:9 102:8 108:19 154:10,24 155:3,5 157:4,13 159:4 171:3 187:25 193:4 194:13 196:4 199:17 203:1 219:8 224:8 248:18 279:15 283:11 286:13 290:10,20 291:1 294:6,7 306:9 309:20 327:22 328:1,7,8,13 331:4 333:24 338:12,14,16,17 339:13 user 156:17 uses 196:9 usual 279:15 usually 36:12 37:3 38:1,6 39:15 46:12 51:25 55:3 56:19 58:1 65:1,4 75:4 82:20 83:24 84:1 91:24 104:5 106:14,16 125:6 128:11 129:10	130:17,20 133:15 138:14,22 139:4,6 141:16 142:8 145:18 150:22,25 161:6 166:18,23 173:18,22 177:13 197:13 200:20 212:11 213:7,8 231:6,7 237:22 241:2,3 262:3,15 262:16,20,20 265:25 266:5 267:1 268:9 269:22 273:2 293:16 298:14 302:15 312:19 313:1 320:2,12 324:14 328:10 338:14 339:13 utilizing 203:2	137:7 203:15,16 248:17,22 251:1,2 251:5,11,12 252:16 260:3 versions 203:11 257:4,5 versus 69:6 159:25 190:2 198:14 308:20 320:12 vice 214:6 victim 69:6,11 226:1 321:23 335:9 victim's 48:18 49:13 51:10 54:21 89:11 victims 48:21,25 50:23 177:11,12 177:23 video 167:9 258:2 videographer 5:11 13:1 79:7,10 134:17 135:2 167:8,11,14 228:1 228:4 258:1,5,9,11 260:25 261:2 283:15,18 332:6,9 343:22 videotaped 1:13 13:4 view 15:23 63:19 92:17 vincent 120:18 virginia 5:4 162:24 virtual 2:13 3:4,18 4:3 visit 146:19 155:13 304:8 visits 209:1
		v v 1:10 347:6 vacation 137:17 valid 237:10 value 305:11 varies 136:4 various 26:23 48:15 199:21 292:25 vast 68:14 234:23 velten 229:11 verbally 95:21 98:13,15 300:5 veritext 2:13 3:4 3:18 4:3 347:1,7 350:1 veritext.com. 347:17 versa 214:6 version 119:13 120:7 121:13	

vividly 217:21	246:15,16 247:17	246:5 247:16	weekend 112:18
volume 60:18	251:24 254:7	251:6 276:24	138:22 234:22
111:6 125:21	257:24 259:8	284:11 287:19	weekends 138:23
141:20,22 142:7	264:19 269:3	302:4 324:17	weeks 3:19 14:21
159:21	272:25 276:15	328:11,20 330:6	14:21 98:20 237:8
vouching 305:18	282:22 283:9	336:4	268:12,12 269:22
w	284:9 285:14,20	wayne 25:20	weight 129:1
wait 78:25 272:19	286:13 288:3	ways 156:12	went 43:12 46:20
waiting 269:19	289:22 295:18	209:15 232:16	77:13 83:2 121:21
waived 347:19	307:14 311:7,10	wc.com 4:10	123:2,4 125:1,22
walk 32:22 37:23	314:6,17 315:4	we've 21:16 36:17	126:9 142:10
41:3,7 118:17	322:3 325:5	47:14 64:10 76:1	148:22 200:10
192:25 218:5	327:14 331:15	76:9,10 78:18	215:8,13 217:24
270:23	334:25 338:13	106:24 110:8	224:12 243:23
walked 83:13	342:23	121:14 125:13,20	248:24 257:22
215:10	wanted 65:11	159:13,13 162:7	271:17 307:8
walking 192:20	127:4 224:7 277:3	163:7 168:6	315:13 322:13
212:20	277:6 308:4	189:13 191:3	west 5:4 162:23
walmart 2:7 13:19	332:11,23	193:10 194:6	whatnot 198:11
13:21	wants 19:5 105:1	197:22,24 198:4	wheels 265:10,13
want 17:1,8,18	225:1	200:8,8,11,19	whereof 346:4
18:13,18 22:2,12	warning 60:7	241:10 247:19	whichever 292:22
28:11 29:15 37:7	280:6	270:1,1 271:25	white 190:24
39:23 45:1 52:24	warnings 196:22	273:13 287:4	whites 320:12
56:1 58:17 63:15	197:16 279:24	309:13 314:21	wide 178:21
76:16 77:15,20	washington 3:20	318:11 324:18,25	wife 169:16,17
79:1,16 83:14	4:9	325:11 326:10	278:7 293:19
88:8 94:23 103:13	watch 131:2,6	wear 191:20	wife's 293:16
104:3 109:20	152:18 224:11	website 62:20	299:21 300:3
119:7,23 122:23	way 24:23 31:25	178:9 209:7	williams 3:9 4:8
123:6,13 124:24	33:17 43:20 49:2	239:21	14:3,9
124:25 133:6	50:11 64:11 67:2	websites 70:23	willing 56:24
139:19 153:10	69:8 72:13 89:9	wedding 181:22	211:25
157:3 158:4	90:19 94:16 96:8	181:22	willingly 103:24
166:21 168:15	102:11 118:10	wednesday 138:19	wise 128:10
169:1 176:14	146:23 165:17	week 42:25 46:20	wish 313:19
182:10 194:8	172:21 183:19	46:21 98:13	witness 27:14 36:8
207:9 208:21	184:7 189:21	137:15 138:9,10	54:10 78:22 79:4
216:9 217:2	204:9 212:9 215:3	138:11 239:24	134:14 168:6,8
224:11,22 227:4	217:19 228:18,20	240:1 268:7	205:18 260:24
234:10 243:21	243:19 245:11	314:17	283:11 329:21

342:13 344:2 345:9,13,14,17 346:4 347:8,11 348:1,4,11 349:1,4 349:15 witnessed 116:10 212:7,24 213:5,9 witnesses 35:25 witness' 347:14 wmasters 4:10 woman 139:7 wondering 304:19 word 76:16 219:18 243:21 302:4 306:10,10 309:21 341:1 worded 328:11 words 16:11 131:22 272:19 285:2 wore 43:1 work 36:2,3 38:5,9 42:23 44:6,10,11 49:8 62:10 65:23 106:20 110:3 118:11 120:9 128:14,18 134:9 135:25 137:14,16 138:9,10,19 141:5 158:15 165:7 172:19 173:9 182:1,6 207:21 249:22 270:8 273:2 315:22,22 338:24 341:14 342:8 worked 26:5 42:18 140:9 277:19 331:20 332:19 working 30:6 43:23 45:6 61:12	61:25 127:10 136:2 139:12 143:5 145:10 234:8 242:18 245:14 270:17 307:8 333:23 workload 135:19 works 30:2 39:2 74:23 138:20,22 149:4 259:17 260:16 278:7 worksheet 30:5,13 38:23 263:5,16 267:15,21 300:22 worksheets 29:14 29:20,23 workweek 136:9 137:20 138:1 world 132:20 288:12 worst 132:21 write 39:2 126:24 131:24 133:17 172:22 173:22 174:8 263:11 267:8 268:7 277:5 305:18 328:18 writes 238:23 writing 108:20 109:3 132:11 164:4 244:11 written 23:25 69:6 82:20 90:4 107:22 107:25 268:11,20 269:1,1,10 277:2 293:12 wrong 121:16 228:13 305:9 wrote 89:7 111:12 237:6 242:3 244:19	x x 47:5 107:9 141:4 213:4 255:15 256:8,18 257:8 298:18,19,22 y y 107:10 yeah 30:14 46:24 50:7 51:3 71:19 99:15 101:20 105:12 124:4,7 125:4 127:2,5,14 131:14 133:15,15 134:8 143:5 150:16 151:3,6 153:1 154:18 156:8,23 157:10 158:21,24 164:3 164:11 165:3 171:14,16 180:21 192:2 199:11 209:16 222:22 227:12 242:16 243:9,21 253:7 272:14,15 273:9 279:11 294:21 301:1 307:25 315:20 316:23 317:9 322:11,19 324:11 340:12 year 28:1,2,3 43:21 46:12 50:23 52:16 55:25 68:2 83:2 98:16 115:13 115:17,23,25 116:3 122:22 123:9,14 124:10 124:12 127:17 136:20 139:2 141:25 150:23,24	150:25 151:1 155:14 159:14,23 175:5 187:24 198:18,19 200:10 205:1 216:6,22 219:23 220:4 221:1,18 234:13 234:13 237:7 244:24 256:13 282:14,16,19 311:20 312:13,15 312:17,19 314:25 316:21,22 year's 314:17 years 29:24 32:20 33:2,5,16 41:12,17 45:2 46:4 47:2,2,3 49:7,19 64:16 67:10 81:16 84:19 88:9,9 89:18 110:24 114:2,16 115:3 116:9 123:16,24 124:1,1 125:11 134:5 135:18 139:6,19 153:16 158:10 182:14 183:3,20 183:25 190:23 191:4 195:4,13,14 195:14 196:13,17 203:13 218:6 232:14 235:9 256:14 257:23 259:13 264:20 269:6 276:17 282:12 297:11 307:12,13,15 309:10 315:1 319:2,8 325:1,1,11 328:19 340:17,19
---	---	--	--

[yep - zip]

Page 63

yep 275:9 307:21
323:7 324:3
yesterday 185:10
york 2:15,15,20,20
young 177:2 215:7
220:22,23
youngest 124:10

z

zach 14:5
zachary 4:13
zachary.adams
4:15
zero 114:4
zerrusen 5:7 13:23
zip 209:13

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.